

10th Annual Association of Standardized Patient Educators Conference



**Impacting Global Healthcare Through
Scholarly Standardized Patient Simulation**

June 5 - 8, 2011
Nashville, TN

Hosted by

Center for Experiential Learning and Assessment
Vanderbilt University School of Medicine



“HOWDY!!!”
Welcome to ASPE in Nashville

We at Vanderbilt University welcome you to the Association of Standardized Patient Educators' Tenth Annual Conference: Impacting Global Healthcare through Scholarly Standardized Patient Simulation. The Conference Committee has been hard at work creating a program that creates opportunities for all SP Educators, from the novice to the seasoned professional.

It all starts with the pre-conference immersion medicine courses for SP Educators on Saturday here at Vanderbilt in our Center for Experiential Learning and Assessment. Our state of the art integrated center opened in October 2007 and houses the Simulation Technologies Program and the Program in Human Simulation. We hope this serves to enhance the pre-conference courses.

On Sunday, there are pre-conference workshops on verbal feedback, leadership skills, SP methodology scholarship, case & checklist development, mannequins & moulage, recruitment & hiring SPs, and taking medical histories. The plenary sessions with Jenny Rudolph on Sunday, followed by Ann King on Monday, promise to stretch our imaginations and our practices with their thought provoking discussions about SPs and simulation. Finally, there are all of the presentations from you, our members, including a return of the WOWs (invited workshops on Wednesdays). Be sure to allow yourself some program study time. There are so many great presentations that it will be hard to choose which one to attend!

However, it doesn't stop there. This conference offers opportunities for networking too. Bring your business cards for our new “Speed Introductions” session that follows the business meeting. You will find it a fun way to meet some new people right away. Then you can spend some time getting to know them and connecting with old acquaintances during the poster session.

If it sounds action-packed, it is. However, there is plenty of time to treat you to some fun as well. While the Conference Committee has been hard at work creating an outstanding program this year, we have been coming up with ways for you to discover some of the charm Nashville has to offer. Music, art, history, shopping, dancing await you just outside the hotel. In fact, you will find some suggestions in this issue of the Quarterly. Finally, on Tuesday night, there is dinner and dancing at the Wild Horse Saloon. We hope you signed up because it will be a boot stomping good time.

So keep an eye out for us. Nashville is consistently voted in the top 5 friendliest cities so we hope you brought your Howdy! We think you will find that ASPE Nashville style will be a great one.

Lisa Rawn, Sandra Davis-Carter, Jessica Humphrey
Alan Johnstone, Laura Skaug, Darlene Whetsel



association of standardized patient educators

www.aspeducators.org

Board Officers

President
Karen L Reynolds, RN, MS

President-Elect
Gayle Gliva-McConvey, BA

VP Operations
Amber Hansel, BFA

VP Finance
Donald J Woodyard, BS

Committee Chairs

Conference
Mary Cantrell, MA

Education & Professional Development
Amy M Smith, BSN

Finance Committee
Donald J Woodyard, BS

Grants & Research
Cate Nicholas, Ed D, MS, PA

International
Karen Barry, BA

Membership
Denise Souder, RN, Ed D

Publications & Website
Jennie Struijk, M Ed

Standards of Practice
Heidi Lane, Ed D

Member Liaison

Holly Gerzina, M Ed, M Ed

Liz Ohle, MS

June 2011

Dear Attendees,

Thank you for joining us this year at the 10th annual ASPE Conference held at the Downtown Hilton in Nashville, Tennessee. This is the 10th anniversary for both our conference and our organization!

Our featured conference speakers include Jenny Rudolph, PhD from Harvard Medical School who will be presenting "*Standardized Patient Educators' Unique Contribution to Transformative Learning: An Outsider's View*" and Ann King, MA from the National Board of Medical Examiners who will address administering high stakes exams without checklists. In addition, this year the conference will once again feature the preconference Immersion Medicine for SP Educators hands-on workshop Part One and, new this year, Part Two. The annual business meeting will be held Sunday afternoon after the Plenary. We hope you will attend and hear about the status of the association, meet new members of the Board, and help recognize and honor those who have provided special service to the association.

Many thanks to everyone who helped put this conference together. Special thanks to Mary Cantrell and Grace Gephardt and the members of the Conference Committee as well as Pamala Schmidt from the ASPE Administration Conference Planning Team. Your hard work and dedication is appreciated. Gratitude is extended to our regional host Vanderbilt University. And lastly, we would like to thank the conference exhibitors. Their support is invaluable.

With great sadness I must acknowledge the passing of Howard Barrows, MD on Friday March 25, 2011. Dr. Barrows was a true pioneer in Medical Education, specifically in the development of simulated/standardized patients, the evaluation of clinical competence through performance based testing and problem-based learning. Dr. Barrows will be long remembered.

As you may know Nashville is known as "Music City" and is the home of the Grand Ole Opry. The downtown area of Nashville features a diverse assortment of entertainment, dining, cultural and architectural attractions. The Broadway and 2nd Avenue areas feature entertainment venues, night clubs and an assortment of restaurants (http://en.wikipedia.org/wiki/Nashville,_Tennessee 04.20.11). We hope you find time to enjoy this marvelous city.

Enjoy the conference!

Karen L. Reynolds RN, MS
ASPE President

THANK YOU!

Registration Assistance provided by:

Center for Experiential Learning and Assessment
Vanderbilt University School of Medicine

Tote Bags a Gift From:

University of Texas at San Antonio

ASPE 11th Annual Conference

June 3 - 6, 2012



The ultimate urban resort awaits you at the Manchester Grand Hyatt San Diego. Boasting a spectacular waterfront location, stunning views, delicious dining options and the Kin Spa. Swim and soak up the sun at the first-rate pool facility, featuring cozy cabanas and crackling fire pits. Enjoy some competitive fun on the tennis, basketball, volleyball, horseshoe, shuffleboard and badminton courts. And just steps outside are many of the exciting attractions San Diego is best known for, including the Gaslamp Quarter, the famous San Diego Zoo and SeaWorld. Explore the city by land or sea with a Seaport Village cruise of the bay or a tour through Balboa Park.



Detailed Daily Schedule

Saturday, June 4, 2011

10:00am – 6:00pm **Immersion Courses**

Off-Site - Vanderbilt

Immersion Medicine for SP Educators - Part 1

Instructors:

Gayle Gliva-McConvey

Director, Theresa A Thomas Professional Skills Teaching & Assessment Center
Eastern Virginia Medical School
Norfolk, VA

Joseph Lopreiato

Director, National Capital Area Medical Simulation Center
Uniformed Services University
Bethesda, MD

Immersion Medicine for SP Educators: Musculoskeletal and Gynecologic Procedures – Part 2

Instructors:

Tonya M. Thompson, MD, MA, FAAP, FACEP

Associate Professor, Pediatrics and Emergency Medicine
University of Arkansas for Medical Sciences
Associate Fellowship Director, Pediatric Emergency Medicine
Associate Medical Director, PULSE Center
Arkansas Children's Hospital
Little Rock, AR

Scott W. George, MLIR

Executive Director
Clinical Skills USA, Inc.
Marietta, GA

Isle Polonko, BA

Supervising Program Development Specialist
Department of Obstetrics/Gynecology & Women's Health
New Jersey Medical School
Newark, NJ

Detailed Daily Schedule

Sunday, June 5, 2011

7:30am – 5:00pm Registration Open

8:00am – 12:00noon **Pre-Conference Workshops**

PCWS1 *McKissack I*
**Creating a Standardized Patient Verbal Feedback Program: Scaffolding
Built on Multisource Expertise**
(Advanced Track)
Presenters: Lou Clark, MA, MFA, Nancy Sinclair, RN, MBA, and
Ann Morrison, MD

PCWS2 *McKissack II*
Are You Ready? Leadership Skills for Training, Management and Beyond
(Advanced Track)
Presenters: Gail E. Furman, PhD, MSN and Colette L. Scott, MEd

PCWS3 *McKissack III*
**What are you Reading? How the Literature Supports Standardized
Patient Methodology**
(Advanced Track)
Presenters: Grants & Research Committee

PCWS4 *Ryman I*
ASPE Core Curriculum Module: SP Case and Checklist Development
(Advanced Track)
Presenters: Education & Professional Development Committee - Beth
Harwood, Janie Bover and Carol Pfeiffer

PCWS5 *Off Site – Vanderbilt*
**Incorporating Mannequins into SP Cases and Moulage for SP
Educators (SSiH Sponsored)**
(All Learners Track)
Presenters: Elizabeth Sinz, MD, Sally Rudy, MSN, RN, and Patty Bell

PCWS6 *Ryman II*
SP Recruitment and Hiring and Maintenance of SP's
(Beginner Track)
Presenters: Education & Professional Development Committee - Amy Cowperthwait and Gayle Gliva-McConvey

PCWS7 *Ryman III*
How to Take a Medical History - SP Educator Style
(Beginner Track)
Presenters: Anita Richards and Robert MacAulay

9:00am – 1:00pm Exhibitor Set Up

Armstrong I and II

12:00noon – 1:30pm	Lunch on Your Own	
1:00pm – 4:00pm	Poster Set-up	<i>McKissack Terrace</i>
1:00pm – 5:30pm	Exhibits Open	<i>Armstrong I and II</i>
1:00pm – 1:30pm	ASPE Committee Members Meeting with ASPE President	<i>Ryman I</i>
1:30pm – 2:30pm	First Time Conference Attendee Welcome Conference Advisor/Advisee Meet & Greet	<i>Ryman II</i>
2:30pm – 2:45pm	Welcome & Opening Remarks Bonnie M. Miller, MD Senior Associate Dean for Health Sciences Education Vanderbilt University School of Medicine	<i>Boone/Crockett</i>
2:45pm – 3:45pm	Opening Plenary Standardized Patient Educators' Unique Contribution to Transformative Learning: An Outsider's View <i>Jenny Rudolph</i> <i>Assistant Clinical Professor of Anesthesia Harvard Medical School & Massachusetts General Hospital; Director, Institute for Medical Simulation Graduate Programs Center for Medical Simulation</i>	<i>Boone/Crockett</i>
3:45pm – 4:15pm	ASPE Business Meeting	<i>Boone/Crockett</i>
4:15pm – 4:30pm	Break	
4:30pm – 5:30pm	Speed Introductions – Bring Your Business Cards!	<i>Boone/Crockett</i>
5:30pm – 7:30pm	Poster Reception (Authors)	<i>McKissack Terrace</i>
P1	Use of Standardized Patients and Objective Structured Clinical Examinations in US Pharmacy Programs (Deborah A Sturpe)	
P2	Evaluation of the Quality of Standardized Patients' Feedback (Carine Layat Burn)	
P3	Evaluation of a Standardized Patient's Training to Giving Feedback to Students Using a Reflective Practice Approach (Carine Layat Burn)	
P4	An International Survey to Examine Standardized Patient Use in Nursing Education (Mindi Anderson, Judy L LeFlore, Leland J Rockstraw, Carolyn L Cason, Sheilamarie Ratcliffe, Denise Cauble)	

P5

Stress Perceived by Individuals Functioning as Standardized Patients or in Simulated Clinical Portrayals: A Preliminary Study (Janie P Boyer, Julie Niedermier, David Kasick)

P6

What Roles SPs Perform Most and How They Experience Their Work
(Keiko Abe, Phillip Evans, Jennifer Cleland, Yasuyuki Suzuki)

P7

A Pilot Study To Compare Allopathic and Osteopathic Medical Students in Clinical Breast Examination Using Standardized Patients and a Novel Portable Breast Simulator (Sarah Goolsby, Brenda Rosson, Melissa Dakkak, Jennifer Waller, Candelario Laserna, Mary Anne Park, Paul Evans, Kyle Johnsen, D Scott Lind)

P8

The Effect of Taking Notes on the CPX Scores (Hoon-Ki Park)

P9

Utilizing an Interprofessional Aging Simulation To Promote Patient Safety (Carla A Dyer, Gretchen Gregory, Dena Higbee, Kyle Moylan, Sherri Ulbrich, Myra Aud)

P10

Assessing a Medical English E-Learning Course Using English Speaking SPs
(Christine D Kuramoto, Ruri Ashida, Motofumi Yoshida)

P11

Psychometrics of the Clinical Performance Examination Standardized Patient Measurements (Dawn M Schocken, Daniella M Schocken, Mike Brannick, Rob Stilson)

P12

Teaching Medical Students How To Communicate: Getting the Same Bang for Less Buck (Michelle D Wallace, Britta M Thompson, Sheila M Crow, Jerry B Vannatta, Robert M Hamm, Rhonda A Sparks)

P13

“Dropping Clues”: Training Standardized Patients To Portray Patients’ Contextual Issues (Shewanna N Manning, Eugenia Greenfield, Christina St. Michel, Britta Thompson, Stephen Scott, Paul Haidet, Cayla R Teal)

P14

The Reliability and Validity of the Professionalism Assessment Rating Scale (PARS)
(Patricia Myers-Hill, Anthony Errichetti, Jack Boulet)

P15

Digital or Verbal Feedback from an OSCE: Does the Method Matter?
(Donald J Woodyard, Kelly L Scolaro, Melissa M Dinkins, Erica N Clarkson, Matthew A Turner)

P16

The Mock Trial: Introducing Health Professionals and Legal Students to Medical Malpractice Using Simulation
(Christopher J Woodyard, Donald J Woodyard, Kelly L Scolaro, Carol F Durham)

P17

Establishing Relationships with Simulation and SP Programs: A Hybrid High-Stakes 4th Year Medical Student Exam Was Developed Utilizing a Surgical Simulation Task Trainer and a Limited English Proficiency (LEP) SP Case
(Julianne Arnall, Karen Thomson Hall, Sylvia Bereknyei, Sandra Feaster, Andrew Nevins, Clarence H Braddock)

P18

Heightening House Staff's Awareness of Hand Hygiene Guidelines
(Sarah Middlemas, Diane Radlowski, Monica Lypson)

P19

Utilizing SPs in Motivational Interviewing across 3 Disciplines: Successes and Challenges (Sarah Middlemas, Heather Wagenschutz)

P20

The Impact of Improvised Responses on the Ability To Portray and Observe
(Elizabeth T Newlin-Canzone, Mark W Scerbo, Gayle Gliva-McConvey, Amelia M Wallace, Lorraine Lyman)

P21

Training of Simulated Patients across Scottish Medical Schools. Variation and Commonalities of Practice (Bryan Allan)

P22

Using Standardized Patients in Nursing OSCEs (Debbie Sikes, Dayle Sharp)

P23

An Innovative Approach to Teaching Communication and Assessment Skills: Using Standardized Patients To Portray Post-Traumatic Stress Disorder
(Debra Webster, Laurie Rockelli)

P24

Psychiatric Nursing Research: Using Standardized Patients to Teach Communication Skills (Debra Webster, Laurie Rockelli, Lisa Seldomridge)

P25

One Patient, Four Clerkships: An Integrated, Multi-Disciplinary Approach
(Mary F Dovanan, Marguerite R Duane, Rebecca Evangelista, Maria Marquez, Michele Wylen, Shyrl I Sistrunk)

P26

Using Standardized Patients Effectively To Demonstrate Ultrasound Equipment to First Year Medical Students (Marcy Hamburger, Jim Power, Joanne Oakes)

P27

Using Web-Based OSCE To Teach and Practice SBIRT Clinical Skills
(Susan E Wilhelm, T Bradley Tanner, Mary P Metcalf)

P28

Two Sims and 180 Medical Students – Hybrid Simulation on a Budget
(Julie A Mack, Pamela K Shaw)

P29

End of Life Simulation of Therapeutic Communication and Care Using Standardized Patients and SimMan® (Kelly Tomaszewski, Carol Robinson, RuthAnn Brintnall)

P30

Introducing Modified ‘Time In Time Out’ Technique for Practicing Communication Skill (Jonghoon Kim)

P31

Using the Objective Structured Teaching Exercise (OSTE) for Faculty Development (Liz Ohle, Cheri Bethune)

P32

Developing a Database for a Standardized Patient Program: Making a Square Peg fit into a Round Hole (Alan Johnstone, Darlene Whetsel, Lisa Rawn, Jessica Humphrey)

P33

Geriatric SPs – Working Successfully with Your Senior Boomers
(Wendy L Gammon, Sarah M McGee)

P34

Come out from behind the Microscope: Pathologists, Meet Your SPs!
(Wendy L Gammon, Marsha E Kaye, Jennifer L Hunt)

P35

Cooperation and Collaboration: A Team Project for Hearing and Speech Science Students To Prepare Individualized Education Plans and Meetings (Darlene R Whetsel, Lisa Rawn, Lynn Hayes)

P36

Implementing and Administering a Combined Clerkship Standardized Patient Activity on Women’s Health (Diane Ferguson, Audrey Ortega, Kenton Coker)

P37

Standardized Patients and Second Life: An Innovative Approach to Interprofessional Team Based Learning (Pamela Rock, Sharla King, Patricia Boechler, Erik deJong, Ewa Wasniewski, Eleni Stroulia, Dave Chodos, Michael Carbonaro)

P38

Teaching Emotion Science Research to Enhance Student Interviewing and Communication Skills (Terry M Sommer, Erica S Friedman, Joanne M Hojsak)

P39

Assessing Pharmacy Student Counseling Skills on Sensitive Topics Using OSCEs (Kelly L Scolaro, Donald J Woodyard, Melissa M Dinkins)

P40

Using Standardized Patients To Inform and Improve the Practice of Pediatric Chaplains (Grace Gephhardt, Del Farris)

P41

Development of High-Stakes Patient-Centered Care OSCE (Kimberly Hoffman, Melissa Griggs, Carla Dyer, Dena Higbee)

P42

Delivering Bad News in a Realistic Setting for Second Year Medical Students (Sue M Sadauskas, Kendall Wallace)

P43

Development of Assessment and Feedback Skills for Clinical Faculty through Participation in an Integrated Standardized Patient Examination

(Amber A Hansel, Carol A Recker-Hughes, Janice Lazarski, Jill Dungey, Susan Miller)

P44

Rolling out Mobile Simulation to Rural Communities (Dena Higbee, Faith Phillips, Kathleen Quinn)

P45

Cytology 101: Utilizing GTAs and Pelvic Simulators To Review Specimen Collection Skills and Techniques (Romy Vargas)

P46

Feedback on Clinical Skills (FCS): A Centralized, Formative Assessment of Medical Students' Advanced Clinical Skills (Carrie K Bernat, Jennifer Christner)

P47

Using Clinical Skills Centers To Promote Careers in Healthcare to Disadvantaged Student Populations (Tamara L Owens, Marcy Hamburger)

Detailed Daily Schedule

Monday, June 6, 2011

7:00am – 7:45am	Special Interest Group (SIG) Informational Meetings <ul style="list-style-type: none">• Hybrid Simulation• GTA/MUTA	<i>Robertson Donelson</i>
7:00am – 7:45am	Continental Breakfast	<i>Boone/Crockett</i>
7:00am – 12:30pm	Exhibits Open	<i>Armstrong I and II</i>
7:45am – 8:00am	Poster Session Awards and Announcements	<i>Boone/Crockett</i>
8:00am – 9:00am	Plenary Session Standardized Patients: The First-and Second-Half Centuries <i>Ann King, MA Assessment Scientist, National Board of Medical Examiners</i>	<i>Boone/Crockett</i>
9:00am – 9:15am	Break	
9:15am – 12:30pm	Breakouts	
9:15am – 10:45am	PD 1 Knowledge, Skills and Attitude – Time for Integration? Presenter: Jackie Beavan	<i>McKissick I</i>
9:15am – 10:45am	PD 2 Integrating Online Training into Your SP Training Curriculum Presenters: Angela Blood and Kris Slawinski	<i>McKissack II</i>
9:15am – 10:45am	PD 3 An SP Certificate Course – One Year Later Presenters: Dawn M Schocken, Martha Lakis, Tara Zimmerman and Stephen Charles	<i>McKissack III</i>
9:15am – 11:15am	W 1 Standardized Patient Program: The Essentials for Beginners Presenters: Education & Professional Development Committee - Connie Corralli, Jonathan Macias, Romy Kittrell Vargas, Carrie Bohnert, Amy Smith, Anca Stefan, Anna Howle, and Patty Bell	<i>Ryman I</i>
9:15am – 11:15am	W 2 Efficiency and Quality Assurance: Getting Your New SPs to the One-Hour Training Presenter: Ralitsa B Akins	<i>Ryman II</i>

9:15am – 11:15am	W 3 Let's Talk about Sex: Developing Sexual History Interview Skills through Interactive Education Presenter: Kat Wentworth	Ryman III
11:00am – 12:30pm	PD 4 Bridging the Basic and Clinical Sciences with Standardized Patient Encounters Presenters: Carla Dyer and Dena Higbee	McKissack I
11:00am – 12:30pm	PD 5 New Revenue through New Media Presenters: Cameron J MacLennan, Joanne E O'Reilly, Patrick J Walker and Gayle A Gliva-McConvey	McKissack II
11:00am – 12:30pm	PD 6 What Are the Roles and Responsibilities of SPs in Delivering Feedback to Students? Presenters: Carine Layat Burn and Sibylle Matt	McKissack III
11:30am – 12:30pm	TT 1 Transforming the Feedback Conversation into Individualized Learning Plans for Learners Presenter: Carrie K Bernat	Ryman I
11:30am – 12:30pm	TT 2 An Innovative Training Program To Prepare Standardized Patients To Score OSCEs with Increased Inter-Rater Reliability Presenter: Debra A Danforth	Ryman II
11:30am – 12:30pm	TT 3 The “Gut Bucket”: A Novel SP Training Tool Presenters: Karen L Delaney-Laupacis and Kerri Weir	Ryman III
12:30pm – 1:30pm	ASPE Educator of the Year Award & Lunch	Boone/Crockett
1:30pm – 1:45pm	Break	
1:30pm – 6:15pm	Exhibits Open	Armstrong I and II
1:45pm – 6:15pm	Breakouts	
1:45pm – 3:45pm	Research Presentations	Boone/Crockett
	R1 Survey of Student Valuation of Standardized Patient Based Office-Emergencies Training Presenters: Ezra Cohen and MacLean Zehler	

1:45pm – 3:45pm	Research Presentations	<i>Boone/Crockett</i>
	R2	
	Inter-Rater Reliability of SPs in Evaluating Technical Skills of Peripheral (IV), Ultrasound Guided (USIV), and Intraosseous (IO) Vascular Access	
	Presenters: Karen L Lewis, Kanika Gupta, Jennifer L Owens, Meghan L Semiao, Colleen Roche, Benjamin C Blatt, Carla Pierreck de Sa and Claudia U Ranniger	
	R3	
	Psychiatric Nursing Research: Using Standardized Patients To Teach Communication Skills	
	Presenters: Debra Webster, Laurie Rockelli and Lisa Seldomridge	
	R4	
	Comparing Empathy and Moral Reasoning across Differing Intensities of Clinical Encounters	
	Presenters: Stephen D Laird, David D Patterson, Susan A Coon, Chris S Lindley, Melanie J Davis and John H George	
	R5	
	Assessing Unannounced Standardized Patients' Accuracy in Real Practice Compared with SP Accuracy in a Clinical Performance Center	
	Presenters: Amy Binns-Calvey, Rachel Yudkowsky, Saul Weiner, Franki Dolley, Jonnie Brown, and Alan Schwartz	
1:45pm – 3:45pm	W4	<i>Ryman II</i>
	Finding Your Way through the GTA/MUTA Maze: a Hands on Approach to Learning the Essentials of an Exceptional Patient Educator Program	
	Presenters: Isle M Polonko, Scott George, Liz Ohle, Kat Wentworth, Romy Vargas and Marcy Hamburger	
1:45pm – 3:45pm	W5	<i>McKissack I</i>
	Helping Faculty (and You!) Better Understand Your Standardized Patient Program	
	Presenter: Amy Page	
1:45pm – 3:45pm	W6	<i>McKissack II</i>
	SP as Coach: The Art and Science of Giving Verbal Feedback	
	Presenter: Carol A Pfeiffer	
1:45pm – 3:15pm	PD7	<i>Ryman I</i>
	What You Need To Know about Accreditation of Simulation and Standardized Patient Programs	
	Presenters: Janice C Palaganas, Nancy Heine, Karen Reynolds and Tom LeMaster	

1:45pm – 3:15pm	PD8 Using Simulation and TeamSTEPPS To Teach Inter-Professional Teamwork Presenters: Donald J Woodyard, James W Barrick and Cherri D Hobgood	Ryman III
3:30pm – 5:00pm	PD9 Accreditation of SPs and SP Educators in the UK – Musings and Update Presenter: Frank M Coffey	Ryman I
4:00pm – 5:30pm	PD10 The Good, the Bad and the WHAT? Identifying the Upsides and Downsides of Multiple Instructional Methods Utilizing GTAs and MUTAs To Determine the Most Effective Methodology for Your Program Presenters; Scott W George and Isle M Polonko	Ryman II
4:00pm – 5:30pm	PD11 The Pros and Cons of Using Social Media Tools for Standardized Patient Programs Presenters: Jamie Pitt, Marcy Hamburger, Don Montrey, Jim Power and Jennie Struijk	McKissack II
4:00pm – 6:00pm	W7 Empowered Negotiation: Having the Evidence You Need To Say “Yes” or “No” to an SP Event Presenters: Connie B Perren and Karen A Szauter	McKissack III
4:00pm – 6:00pm	W8 Simulation Center/Program Strategic Planning Presenter: Ralitsa B Akins	McKissack I
5:15pm – 6:15pm	TT4 Utilizing Standardized Patients To Heighten House Staff’s Awareness of Hand Hygiene Guidelines Presenters: Sarah Middlemas, Diane Radlowski and Monica Lypson	Ryman I
5:15pm – 6:15pm	PD12 Managing External Client Relations and Billing Outside Clients Presenter: Jacqueline M DeCoursey	Ryman II
7:00pm	Dinner On Your Own and/or Dine-Arounds	

Detailed Daily Schedule

Tuesday, June 7, 2011

7:30am – 8:30am	Breakfast and Affinity Groups	<i>Boone/Crockett</i>
7:30am – 8:30am	GTA/MUTA SIG Business Meeting	<i>Robertson</i>
7:30am – 12:30pm	Exhibits Open	<i>Armstrong I and II</i>
8:30am – 12:15pm	Breakouts	
8:30am – 10:00am	ASPE International Open Meeting ASPE Around the World – Setting Up Local Groups and Ways Forward Presenters: ASPE International Committee Members	<i>Donelson</i>
8:30am – 10:00am	PD13 The Effect of Interprofessional Simulation on Teamwork and Safety Learning for Healthcare Students Presenters: Carla Dyer, Gretchen Gregory, Dena Higbee, Deepti Vyas, and Russell McCulloh	<i>McKissack III</i>
8:30am – 10:30am	W9 Strategies for Refining the Process and Improving the Outcomes of Standardized Patient Training Procedures for a National Pharmacy OSCE Presenters: Cathy Smith, Lorena Dobbie, Stan Rogal, Carol O-Byrne, John Pugsley, and Lila Quero-Munoz	<i>Ryman I</i>
8:30am – 10:30am	W10 Investing Wisely in Clinical Skills Technology – Considerations for Building, Renovating or Outfitting a Simulation Center Presenters: Paul J Donahue, Amy Flanagan Risdal, Theresa M Bernardo, Joseph Byrd and Joseph O Lopreiato	<i>Ryman II</i>
8:30am – 10:30am	W11 Completing a Self-Study for Simulation Accreditation – A Work In Progress Presenters: Dawn M Schocken, Laura Haubner, Fred Slone, Laura Gonzalez and Deborah Sutherland	<i>Ryman III</i>
8:30am – 10:30am	W12 Present! How to Make Your Presentations Shine Presenters: Jamie Roberts and Elizabeth Darby	<i>McKissack I</i>
8:30am – 10:30am	W13 Maintaining Creativity When Working with Standardized Patients (SPs) Presenters: Elizabeth K Kachur and Lisa Altshuler	<i>McKissack II</i>

10:45am – 12:15pm	PD14 Using the Dry Run To Standardize SP Performance for Maximum Quality Presenters: Linda J Morrison, Mary T Aiello and Carol Pfeiffer	Ryman I
10:45am – 12:15pm	PD15 An Overview and Discussion of the Literature: 2010 Publications Involving Standardized Patients Presenter: Karen Szauter	Ryman III
10:45am – 12:15pm	PD16 Your First Publication: Getting Ready! Presenter: Ralitsa B Akins	McKissack I
10:45am – 12:15pm	PD17 Utilizing SPs as Standardized Healthcare Providers – How Realistic Can They Be? Presenters: Lisa Altshuler, Ingrid Walker-Descartes, Revital Caronia and Elizabeth K Kachur	McKissack II
10:45am – 12:15pm	PD18 End of Life Simulation of Therapeutic Communication and Care Using Standardized Patients and SimMan® Presenters: Kelly Tomaszewski, Carol Robinson, and RuthAnn Brintnall	McKissack III
12:30pm – 1:30pm	Committee Networking Lunch	Boone/Crockett
1:30pm – 4:00pm	Exhibits Open	Armstrong I and II
1:30pm – 3:45pm	Breakouts	
1:30pm – 2:30pm	TT5 Learner-Centered Feedback – Training SPs To Model the Behaviors of Patient-Centered Communication Presenters: Amelia M Wallace, Lorraine Lyman and Alba Woolard	Ryman III
1:30pm – 3:00pm	PD19 Playing Together in the SP Sandbox: The Mid-Atlantic Consortium. How It Works, Why It Works and Lessons for Future Consortia Presenters: Joseph O Lopreiato, Amy Flanagan Risdal, Karen Lewis, Benjamin Blatt, Kathryn A Schaivone, Gayle Gliva-McConvey, Anne Chapin, Mary Donovan, Nicole Shilkofski, Tamara L Owens and Rose Zaeske	McKissack I
1:30pm – 3:30pm	W14 Guiding the SP through a Self-Reflective Debrief Presenters: Kevin Hobbs, Lorena Dobbie, and Jacquie Jacobs	Ryman I

1:30pm – 3:30pm	W15 Planning an Inter-Professional Simulation Project: Tips for Design And Implementation Presenters: Amy Lawson, Beth Haas and Gail Rea	<i>Ryman II</i>
1:30pm – 3:30pm	W16 Designing the Standardized Patient Center of the Future Presenters: Malvin Whang, Patti Mitchell, Kris Slawinski, Jennie Struijk and Alexa Fotheringham	<i>McKissack II</i>
1:30pm – 3:30pm	W17 The Art and Science of Facilitation: Engaging the Teacher Learner Partnership Presenters: Kerry Knickle and Nancy L McNaughton	<i>McKissack III</i>
2:45pm – 3:45pm	TT6 Training Patients To Be Standardized Patients Presenter: Liz Ohle	<i>Ryman III</i>
4:00pm – 6:00pm	Technology Sessions B-Line Lecat's Limbs and Things	<i>Robertson</i> <i>Donelson</i> <i>McKissack I</i>
6:30pm – 10:30pm	ASPE Dinner Wild Horse Saloon	

Detailed Daily Schedule

Wednesday, June 8, 2011

8:00am – 9:00am	Breakfast	<i>Boone/Crockett</i>
8:30am – 9:00am	Grants and Research Project Updates	<i>Boone/Crockett</i>
9:00am – 9:15am	Break	
9:15am – 12:15pm	Breakouts	
9:15am – 12:15pm	Invited Programming – WOWs (Workshops on Wednesday)	
	WOW1 The Blood and Guts of Case Portrayal - How to Increase Realism with Moulage and Props on a Budget Presenters: Brent S Biggs, Mary Mickelson and Sarah Middlemas	<i>McKissack I</i>
	WOW2 The Prevention, Identification and Remediation of SP Management Issues Presenters: Valerie Fulmer, Barb Eulenberg, Amelia Wallace, Lorraine Lyman, Patrick Wallace, Mary Aiello, Linda Morrison, Gayle Gliva-McConvey and Jamie Pitt	<i>McKissack II</i>
	WOW3 Sim WOW: Integrating Human and Mechanical Simulation To Engage Early Clinical Students Presenters: Carol A Pfeiffer and James K Behme	<i>McKissack III</i>
	WOW4 Pushing the Boundaries on SP Cases at Two Institutions: Developing Longitudinal, Holistic, Multi-Layered Patient Scenarios Presenters: Charles Kodner MD, Ezra Cohen DC, Carrie Bohnert, Scott Heflin, and MacLean Zehler	<i>Ryman I</i>
	WOW5 Effective Conflict Resolution Presenters: Artis Ellis and Peter O'Colmain	<i>Donelson</i>
	WOW6 Tricks of the Trade – Program Management Basics Presenters: Pam Cobb, Patricia G. Houser and Gayle Gliva-McConvey	<i>Ryman II</i>
	WOW7 Foundations of Debriefing for Simulation-Based Learning Presenters: Cathy Smith, Stan Rogal, Lorena Dobbie, Kevin Hobbs, and Jacquie Jacobs	<i>Ryman III</i>
12:15pm – 1:45pm	Closing Luncheon President's Remarks	<i>Boone/Crockett</i>

Detailed Daily Schedule

Sunday, June 5, 2011

7:30am – 5:00pm Registration Open

8:00am – 12:00noon Pre-Conference Workshops

PCWS1 *McKissack I*
**Creating a Standardized Patient Verbal Feedback Program: Scaffolding
Built on Multisource Expertise**
(Advanced Track)
Presenters: Lou Clark, MA, MFA, Nancy Sinclair, RN, MBA, and
Ann Morrison, MD

PCWS2 *McKissack II*
Are You Ready? Leadership Skills for Training, Management and Beyond
(Advanced Track)
Presenters: Gail E. Furman, PhD, MSN and Colette L. Scott, MEd

PCWS3 *McKissack III*

What are you Reading? How the Literature Supports Standardized Patient Methodology
(Advanced Track)

Presenters: Grants & Research Committee

PCWS4 *Ryman I*
ASPE Core Curriculum Module: SP Case and Checklist Development
(Advanced Track)
Presenters: Education & Professional Development Committee - Beth
Harwood, Janie Bover and Carol Pfeiffer

PCWS5 *Off Site – Vanderbilt*
**Incorporating Mannequins into SP Cases and Moulage for SP
Educators (SSiH Sponsored)**
(All Learners Track)
Presenters: Elizabeth Sinz, MD, Sally Rudy, MSN, RN, and Patty Bell

PCWS6 *Ryman II*
SP Recruitment and Hiring and Maintenance of SP's
(Beginner Track)
Presenters: Education & Professional Development Committee - Amy Cowperthwait and Gayle Gliva-McConvey

PCWS7 *Ryman III*
How to Take a Medical History - SP Educator Style
(Beginner Track)
Presenters: Anita Richards and Robert MacAulay

9:00am – 1:00pm Exhibitor Set Up

Armstrong I and II

12:00noon – 1:30pm	Lunch on Your Own	
1:00pm – 4:00pm	Poster Set-up	<i>McKissack Terrace</i>
1:00pm – 5:30pm	Exhibits Open	<i>Armstrong I and II</i>
1:00pm – 1:30pm	ASPE Committee Members Meeting with ASPE President	<i>Ryman I</i>
1:30pm – 2:30pm	First Time Conference Attendee Welcome Conference Advisor/Advisee Meet & Greet	<i>Ryman II</i>
2:30pm – 2:45pm	Welcome & Opening Remarks Bonnie M. Miller, MD Senior Associate Dean for Health Sciences Education Vanderbilt University School of Medicine	<i>Boone/Crockett</i>
2:45pm – 3:45pm	Opening Plenary Standardized Patient Educators' Unique Contribution to Transformative Learning: An Outsider's View <i>Jenny Rudolph</i> <i>Assistant Clinical Professor of Anesthesia Harvard Medical School & Massachusetts General Hospital; Director, Institute for Medical Simulation Graduate Programs Center for Medical Simulation</i>	<i>Boone/Crockett</i>
3:45pm – 4:15pm	ASPE Business Meeting	<i>Boone/Crockett</i>
4:15pm – 4:30pm	Break	
4:30pm – 5:30pm	Speed Introductions – Bring Your Business Cards!	<i>Boone/Crockett</i>
5:30pm – 7:30pm	Poster Reception (Authors)	<i>McKissack Terrace</i>
P1	Use of Standardized Patients and Objective Structured Clinical Examinations in US Pharmacy Programs (Deborah A Sturpe)	
P2	Evaluation of the Quality of Standardized Patients' Feedback (Carine Layat Burn)	
P3	Evaluation of a Standardized Patient's Training to Giving Feedback to Students Using a Reflective Practice Approach (Carine Layat Burn)	
P4	An International Survey to Examine Standardized Patient Use in Nursing Education (Mindi Anderson, Judy L LeFlore, Leland J Rockstraw, Carolyn L Cason, Sheilamarie Ratcliffe, Denise Cauble)	

P5

Stress Perceived by Individuals Functioning as Standardized Patients or in Simulated Clinical Portrayals: A Preliminary Study (Janie P Boyer, Julie Niedermier, David Kasick)

P6

What Roles SPs Perform Most and How They Experience Their Work
(Keiko Abe, Phillip Evans, Jennifer Cleland, Yasuyuki Suzuki)

P7

A Pilot Study To Compare Allopathic and Osteopathic Medical Students in Clinical Breast Examination Using Standardized Patients and a Novel Portable Breast Simulator (Sarah Goolsby, Brenda Rosson, Melissa Dakkak, Jennifer Waller, Candelario Laserna, Mary Anne Park, Paul Evans, Kyle Johnsen, D Scott Lind)

P8

The Effect of Taking Notes on the CPX Scores (Hoon-Ki Park)

P9

Utilizing an Interprofessional Aging Simulation To Promote Patient Safety (Carla A Dyer, Gretchen Gregory, Dena Higbee, Kyle Moylan, Sherri Ulbrich, Myra Aud)

P10

Assessing a Medical English E-Learning Course Using English Speaking SPs
(Christine D Kuramoto, Ruri Ashida, Motofumi Yoshida)

P11

Psychometrics of the Clinical Performance Examination Standardized Patient Measurements (Dawn M Schocken, Daniella M Schocken, Mike Brannick, Rob Stilson)

P12

Teaching Medical Students How To Communicate: Getting the Same Bang for Less Buck (Michelle D Wallace, Britta M Thompson, Sheila M Crow, Jerry B Vannatta, Robert M Hamm, Rhonda A Sparks)

P13

“Dropping Clues”: Training Standardized Patients To Portray Patients’ Contextual Issues (Shewanna N Manning, Eugenia Greenfield, Christina St. Michel, Britta Thompson, Stephen Scott, Paul Haidet, Cayla R Teal)

P14

The Reliability and Validity of the Professionalism Assessment Rating Scale (PARS)
(Patricia Myers-Hill, Anthony Errichetti, Jack Boulet)

P15

Digital or Verbal Feedback from an OSCE: Does the Method Matter?
(Donald J Woodyard, Kelly L Scolaro, Melissa M Dinkins, Erica N Clarkson, Matthew A Turner)

P16

The Mock Trial: Introducing Health Professionals and Legal Students to Medical Malpractice Using Simulation
(Christopher J Woodyard, Donald J Woodyard, Kelly L Scolaro, Carol F Durham)

P17

Establishing Relationships with Simulation and SP Programs: A Hybrid High-Stakes 4th Year Medical Student Exam Was Developed Utilizing a Surgical Simulation Task Trainer and a Limited English Proficiency (LEP) SP Case
(Julianne Arnall, Karen Thomson Hall, Sylvia Bereknyei, Sandra Feaster, Andrew Nevins, Clarence H Braddock)

P18

Heightening House Staff's Awareness of Hand Hygiene Guidelines
(Sarah Middlemas, Diane Radlowski, Monica Lypson)

P19

Utilizing SPs in Motivational Interviewing across 3 Disciplines: Successes and Challenges (Sarah Middlemas, Heather Wagenschutz)

P20

The Impact of Improvised Responses on the Ability To Portray and Observe
(Elizabeth T Newlin-Canzone, Mark W Scerbo, Gayle Gliva-McConvey, Amelia M Wallace, Lorraine Lyman)

P21

Training of Simulated Patients across Scottish Medical Schools. Variation and Commonalities of Practice (Bryan Allan)

P22

Using Standardized Patients in Nursing OSCEs (Debbie Sikes, Dayle Sharp)

P23

An Innovative Approach to Teaching Communication and Assessment Skills: Using Standardized Patients To Portray Post-Traumatic Stress Disorder
(Debra Webster, Laurie Rockelli)

P24

Psychiatric Nursing Research: Using Standardized Patients to Teach Communication Skills (Debra Webster, Laurie Rockelli, Lisa Seldomridge)

P25

One Patient, Four Clerkships: An Integrated, Multi-Disciplinary Approach
(Mary F Dovanan, Marguerite R Duane, Rebecca Evangelista, Maria Marquez, Michele Wylen, Shyrl I Sistrunk)

P26

Using Standardized Patients Effectively To Demonstrate Ultrasound Equipment to First Year Medical Students (Marcy Hamburger, Jim Power, Joanne Oakes)

P27

Using Web-Based OSCE To Teach and Practice SBIRT Clinical Skills
(Susan E Wilhelm, T Bradley Tanner, Mary P Metcalf)

P28

Two Sims and 180 Medical Students – Hybrid Simulation on a Budget
(Julie A Mack, Pamela K Shaw)

P29

End of Life Simulation of Therapeutic Communication and Care Using Standardized Patients and SimMan® (Kelly Tomaszewski, Carol Robinson, RuthAnn Brintnall)

P30

Introducing Modified ‘Time In Time Out’ Technique for Practicing Communication Skill (Jonghoon Kim)

P31

Using the Objective Structured Teaching Exercise (OSTE) for Faculty Development (Liz Ohle, Cheri Bethune)

P32

Developing a Database for a Standardized Patient Program: Making a Square Peg fit into a Round Hole (Alan Johnstone, Darlene Whetsel, Lisa Rawn, Jessica Humphrey)

P33

Geriatric SPs – Working Successfully with Your Senior Boomers
(Wendy L Gammon, Sarah M McGee)

P34

Come out from behind the Microscope: Pathologists, Meet Your SPs!
(Wendy L Gammon, Marsha E Kaye, Jennifer L Hunt)

P35

Cooperation and Collaboration: A Team Project for Hearing and Speech Science Students To Prepare Individualized Education Plans and Meetings (Darlene R Whetsel, Lisa Rawn, Lynn Hayes)

P36

Implementing and Administering a Combined Clerkship Standardized Patient Activity on Women’s Health (Diane Ferguson, Audrey Ortega, Kenton Coker)

P37

Standardized Patients and Second Life: An Innovative Approach to Interprofessional Team Based Learning (Pamela Rock, Sharla King, Patricia Boechler, Erik deJong, Ewa Wasniewski, Eleni Stroulia, Dave Chodos, Michael Carbonaro)

P38

Teaching Emotion Science Research to Enhance Student Interviewing and Communication Skills (Terry M Sommer, Erica S Friedman, Joanne M Hojsak)

P39

Assessing Pharmacy Student Counseling Skills on Sensitive Topics Using OSCEs (Kelly L Scolaro, Donald J Woodyard, Melissa M Dinkins)

P40

Using Standardized Patients To Inform and Improve the Practice of Pediatric Chaplains (Grace Gephhardt, Del Farris)

P41

Development of High-Stakes Patient-Centered Care OSCE (Kimberly Hoffman, Melissa Griggs, Carla Dyer, Dena Higbee)

P42

Delivering Bad News in a Realistic Setting for Second Year Medical Students (Sue M Sadauskas, Kendall Wallace)

P43

Development of Assessment and Feedback Skills for Clinical Faculty through Participation in an Integrated Standardized Patient Examination

(Amber A Hansel, Carol A Recker-Hughes, Janice Lazarski, Jill Dungey, Susan Miller)

P44

Rolling out Mobile Simulation to Rural Communities (Dena Higbee, Faith Phillips, Kathleen Quinn)

P45

Cytology 101: Utilizing GTAs and Pelvic Simulators To Review Specimen Collection Skills and Techniques (Romy Vargas)

P46

Feedback on Clinical Skills (FCS): A Centralized, Formative Assessment of Medical Students' Advanced Clinical Skills (Carrie K Bernat, Jennifer Christner)

P47

Using Clinical Skills Centers To Promote Careers in Healthcare to Disadvantaged Student Populations (Tamara L Owens, Marcy Hamburger)

PCWS1

McKissack I

Creating a Standardized Patient Verbal Feedback Program: Scaffolding Built on Multisource Expertise

Sunday, June 5, 2011

8:00AM – 12:00PM

Intended Audience: Veteran

Lou Clark, MA, MFA – University of Arizona College of Medicine in Phoenix

Nancy Sinclair, RN, MBA – University of New Mexico

Ann Morrison, MD – University of New Mexico

Description:

Students benefit from relevant, well crafted feedback from Standardized Patients (SPs) following encounters. In this workshop, participants will learn and practice feedback techniques that offer a scaffolded approach to support learners with multisource expertise from faculty, SP Trainers and SPs. Feedback techniques include: The Skill Based Feedback model and The Case Based Feedback model which have broad applications in assessment and learning activities. These models build on our existing, foundational format framed by patients' feelings in encounters. The Skill Based model supports faculty determined learning objectives for student communication skills in informal, activity settings which emphasize skill acquisition. In this model, SPs provide feedback "in character" as it relates to specific communication skills measured on the New Mexico Clinical Communication Scale. For example, this model was used to provide feedback to 2nd year medical students on "Reach Agreement" as practice for an upcoming summative assessment. The Case Based model differs from the Skills Based model in that it provides students' opportunities to receive feedback on their applied skills in the context of a patient case. This model was used by our institution in 2009 for two different OSCE cases in which student learning objectives included counseling patients on behavior change regarding diet/nutrition and risks for upcoming surgery. The newly revised New Mexico Clinical Communication Scale will be used as an example to demonstrate how a successful feedback program can be designed which utilizes your assessment tools and integrates student learning objectives, case content and assessment design.

Objectives:

1. Share and build on your current verbal feedback skills and SP training processes
2. Practice at least one verbal feedback technique listed above
3. Leave with resources (videos/literature review/handouts) to use at your institution

PCWS2

McKissack II

Are You Ready? Leadership Skills for Training, Management and Beyond

Sunday, June 5, 2011

8:00AM – 12:00PM

Intended Audience: Veteran

Gail E. Furman, PhD, MSN Director, Quality Assurance

Colette L. Scott, MEd - Director, Test Development and Delivery

Clinical Skills Evaluation Collaboration, National Board of Medical Examiners

Description

Leaders are not born, but rather, are developed as a result of focused study and mentoring. It is a process that demands continuous attention for optimal results. One of the greatest challenges facing a transitioning “new manager” is empowering the “inner leader.” Often, self-doubt and fear hold new leaders back from reaching their career goals. This workshop will empower you to explore opportunities for inner growth and development, achieving that confidence needed for career success.

Two SP educators will tell of their own experience with transitioning into the role of administering a program using leadership development theory. Gail Furman transitioned from trainer to program manager of a school of medicine’s SP program before becoming director of quality assurance for a national licensure examination; Colette Scott transitioned from trainer to manager, to director of test development and delivery of a national licensure examination.

Objectives

Following the discussion, participants will be able to:

1. Identify their leadership skills, strengths, and areas for development.
2. Generate ideas for locating a mentor.
3. Identify future career goals to focus on.

PCWS3

McKissack III

What are you Reading?

How the Literature Supports Standardized Patient Methodology

Sunday, June 5, 2011

8:00AM – 12:00PM

Intended Audience: Veteran

Grants and Research Committee

Description:

This workshop is for experienced SP educators who are interested in a careful review and synthesis of the literature. The workshop will guide participants through peer reviewed publications relevant to those working with standardized patients in a variety of healthcare settings. Processes for critical review of the literature will be presented followed by participants engaging in a detailed review of an article. The group will also discuss what we have learned about the use of SPs in teaching and assessment and areas that need further evaluation through research or systematic review.

Objectives:

1. Outline the current state of the literature related to SP methodology
2. Participate in the critical review of an article
3. Identify and compare SP issues which are well supported by the literature and those needing further study

PCWS4

Ryman I

ASPE Core Curriculum Module: SP Case and Checklist Development

Sunday, June 5, 2011

8:00AM – 12:00PM

Intended Audience: Veteran

Education & Professional Development Committee

Beth Harwood, Dartmouth Medical School

Janie Boyer, Ohio State University Medical Center

Carol Pfeiffer, University of Connecticut Health Center

Description:

Case and checklist development are core responsibilities of SP Educators. It is important to be knowledgeable on the essential elements of these tasks, both to develop case and checklist materials and to collaborate with and educate clinical faculty on the process. The purpose of this workshop is to provide SP Educators with a scholarly approach to the essential elements of case and checklist development, and provide an opportunity for hands on experience applying case and checklist development principles.

Attendees: This workshop is intended for SP educators at all experience levels. The workshop will take an interdisciplinary and international approach to case and checklist development. Attendees will receive credit toward completion of the ASPE Core Curriculum.

Objectives:

At the end of the workshop participants will:

1. Describe the essential elements of a case
2. Be able to identify the degree of stringency needed in case development and preparation of training materials.
3. Write a case
4. Describe the essential elements of a case checklist
5. Develop a checklist
6. Discuss strategies for measuring checklist efficacy

PCWS5

Off-Site: Vanderbilt

**Incorporating Mannequins into SP Cases and Moulage for SP Educators
(Society for Simulation in Healthcare Sponsored)**

Sunday, June 5, 2011

8:00AM – 12:00PM

Intended Audience: All Levels

Elizabeth Sinz, MD – Penn State

Sally Rudy, MSN, RN – Penn State

Patty Bell – Uniformed Services University

Description:

A workshop to share ideas and leave with cases! The SSiH sponsored workshop will be held at Vanderbilt University with experienced members from SSiH guiding participants through a live simulation with SP incorporated. This workshop also includes a moulage section taught by Patti Bell from Uniformed Services University. A short presentation on healthcare simulation updates will be provided followed by an interactive workshop. Groups of participants will develop SP cases that include an infant mannequin. The workshop will include sessions on writing cases that include mannequins, training the SP for the encounter, dry running cases including mannequins, and student feedback to mannequin data as well as SP communication. The session will include actual running of cases created by the groups. All blueprints created will be provided to the participants after the session to take back and use in their centers. There will be plenty of time for questions and answers as well as hands-on time with the infant mannequin.

Objectives:

1. Understand current trends in healthcare simulation.
2. Apply knowledge of case writing to hybrid simulation including mannequin and SP.
3. Generate a hybrid case blueprint within a group setting.
4. Evaluate the dry run of a case and apply needed changes to blueprint.
5. Create uses for simulation moulage.

PCWS6

Ryman II

SP Recruitment and Hiring and Maintenance of SP's

Sunday, June 5, 2011

8:00AM – 12:00PM

Intended Audience: Novice

Education & Professional Development Committee

Amy Cowperthwait- University of Delaware

Gayle Gliva-McConvey- Eastern Virginia Medical School

Description:

Recruiting and hiring capable standardized patients is an important core responsibility of many Standardized Patient Educators. This interactive workshop, which is one of the Core Curriculum modules, will feature large and small group activities. Topics include developing an SP program roster on a shoe string budget, identifying venues for recruitment of standardized patients, designing an application form for effective pre-screening, interviewing applicants, auditions, and assessing the applicants for specific case trainings. Participants will walk away with a multitude of techniques that will enhance their recruitment methods and hiring plans related to their individual contexts.

Objectives

1. Describe key elements of an SP recruitment plan.
2. Articulate and outline the essential elements if the SP interview, selection and hiring process.
3. Develop strategies appropriate for their institution/program for each element that is examined i.e. recruiting, interviewing, selection and hiring.

PCWS7

Ryman III

How to Take a Medical History - SP Educator Style

Sunday, June 5, 2011

8:00AM – 12:00PM

Intended Audience: Novice

Anita Richards - Associate Director, Standardized Patient Program, University of California, San Diego
Robert MacAulay - Associate Director, Standardized Patient Program, University of California, San Diego

Description: This workshop will focus on medical history-taking skills that are essential for SP educators to acquire so that they can conduct realistic role-plays with their SPs. Through large and small group activities, participants will learn how to take a complete medical history, be introduced to history-taking resources and practice several different techniques to assist them in taking a medical history. Standardized patients are expected to answer medical history questions posed to them by health care providers. In order to train an SP to do this the SP educator must be able to “play doctor,” i.e., act like a student doctor during practice clinical encounters. However, the educational and experiential backgrounds of SP educators are varied and many times SP educators have little to no health care or medical background to prepare them for this role. This workshop will introduce basic history-taking methods and provide participants several opportunities to practice this important skill.

Objectives:

By the end of this workshop, participants will be able to:

- 1) Conduct a thorough medical history
- 2) Use mnemonics to assist in taking a medical history
- 3) Take a medical history while incorporating realistic challenges to the SPs
- 4) Identify resources that will help develop and refine history-taking skills

Standardized Patient Educators' Unique Contribution to Transformative Learning: An Outsider's View

Jenny Rudolph

Assistant Clinical Professor of Anesthesia

Harvard Medical School & Massachusetts General Hospital

Director

Institute for Medical Simulation Graduate Programs Center for Medical Simulation

Jenny Rudolph is an Assistant Clinical Professor of Anaesthesia at Harvard Medical School and the Department of Anesthesia Critical Care and Pain Medicine at Massachusetts General Hospital. She directs the Graduate Programs of the Institute of Medical Simulation at the Center for Medical Simulation. Jenny Rudolph received her PhD in management from Boston College, Carroll School of Management, and her B.A. from Harvard College. With an emphasis reflection and self-awareness, Dr. Rudolph creates, studies, and writes about experiential learning environments where people can observe, analyze, and experiment with changing their habitual cognitive routines and ways of interacting.

Transformative Learning: An Outsider's View of SP Educators' Unique Contribution

Jenny Rudolph, PhD

Massachusetts General Hospital
Harvard Medical School
Center for Medical Simulation



June, 2011

What to Expect Today?

- Why SP Educators are the world leaders in 2nd person advanced change methods
- Transforming with Advanced Change Theory
- The Role of "1st" and "2nd" person Research in SP's Unique Contribution
- The role of activation & drama in anchoring learning

Strategies to Change/Lead Others

- Telling
 - People guided by reason, resistance due to ignorance and superstition
- Forcing
 - People are inherently resistant, must be forced
- Participating
 - Collaborative, win-win, common goals
- Transforming
 - ACT, look within, embrace hypocritical self, etc.

Critique of Telling

- Based in intellectual knowledge (ignores embodied/tacit knowledge)
- Assumes a common set of assumptions (shared rationalities)
- Assumes people are rational, reasoning beings

Ontology: Single, objective, knowable reality

Critique of Forcing

- Redirects energies into power struggles
- Creates negative feelings
- Requires on-going forcing

Ontology: Reality constituted through power relations

Critique of Participation

- Requires giving up control of outcomes
- Takes time and resources
- Requires giving up power

Ontology: Socially co-constructed reality / meaning

Advanced Change Theory Process

(Quinn, 2000, *Change the World*)

- See / define the problem
 - Examine own role in problem
 - Self deception, ineffective frames, behavioural hypocrisy
 - Change own behaviour (personal transformation)
 - Rest of the system responds to change
- Ontology: Part of larger system, Gaia theory

Why/how Does ACT Work?

- Systems theory
 - You are part of the system
 - When you change your behaviour, you change the dynamics of the system
 - Rest of the system has to adjust

1st and 2nd Person Research and Practice

- 1st Person Research = Studying ones own reaction
- 2nd Person Research and practice
- Studying ones interaction
 - Helping other understand their impact in the interaction

Difficulties With ACT

- Blindness to own gaps between what we say and what we do (but can see others) (Argyris & Schon, 1974)
- Requires changing own behaviour
 - Need for coaching
 - Need for practice
 - Need tools / methods

Turbo-charging formative Feedback

Creating the transformative crucible

Heating up the transformative conversation

- Mid-course observation
- Interactive and customized to learner's needs
- Powered by 1st and 2nd person observations and dynamics

Summary: Advanced Change Using 1st and 2nd person research

- Transformation happens when momentary "hypocrisy" is unmasked in a safe context
- Your expertise in 1st and 2nd person research models needed skills for clinicians
- The "heat" of the transformative crucible can be titrated to effect
- You can continue to transform education with your unique expertise

P1

Use of Standardized Patients and Objective Structured Clinical Examinations in US Pharmacy Programs

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Deborah A Sturpe. Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy.

Introduction:

Increase in use of standardized patients (SPs) in US pharmacy education is growing as evidenced by steady increases in research related to SPs and objective structured clinical examinations (OSCEs) presented at national academic pharmacy meetings. As this growth continues, it is important to assess if pharmacy programs are designing OSCEs in a way that maintains examination reliability and validity and to identify barriers to successful implementation. The objective of this study was to describe current OSCE practices in doctor of pharmacy programs in the United States.

Project Description:

Structured interviews were conducted with pharmacy faculty between September 2008 and May 2010. Information about awareness of and interest in OSCE, current OSCE practices, barriers to OSCE, and non-OSCE use of SPs was collected. For the purpose of this study, an OSCE was defined as a multiple station assessment.

Outcomes:

All US pharmacy programs were contacted, and interviews were completed by telephone with 88 pharmacy programs that agreed to participate (equivalent to 81.5% of all accredited programs at the time the study was started). Thirty-two pharmacy programs reported incorporating OSCE into the curriculum. Practices within these programs varied, and only 11 of the programs consistently administered examinations of 3 or more stations, required all students to complete the same scenario(s), and had processes in place to ensure consistency of standardized patients' role portrayal. Of those 32 programs, only 20 hired professional SPs for their OSCE activities. Of the 55 programs not using OSCEs, approximately half were interested in using the technique, and 12 hired professional SPs for non-OSCE teaching and assessment activities. Common barriers to OSCE implementation or expansion were cost, concern over faculty workloads, and lack of access to an SP program.

Conclusions/Discussion:

There is wide interest in using SP encounters for teaching and assessment within pharmacy education, particularly as part of an OSCE. However, few colleges and schools of pharmacy conduct OSCEs in an optimal manner, and most do not adhere to best practices in OSCE construction and administration. ASPE can play an important role in assisting pharmacy programs to grow and develop SP and OSCE based initiatives.

Reference List:

- Meeting abstracts. 107th Annual Meeting of the American Association of Colleges of Pharmacy, San Diego, California, July 9-12, 2006. Am J Pharm Educ. 2006;70(3):Article 65.
- Meeting abstracts. 108th Annual Meeting of the American Association of Colleges of Pharmacy, Orlando, Florida, July 14-17, 2007. Am J Pharm Educ. 2007;71(3):Article 60.
- Meeting abstracts. 109th Annual Meeting of the American Association of Colleges of Pharmacy, Chicago, Illinois, July 19-23, 2008. Am J Pharm Educ. 2008;72(3):Article 72.
- Meeting abstracts. 110th Annual Meeting of the American Association of Colleges of Pharmacy, Boston, Massachusetts, July 18-22, 2009. Am J Pharm Educ. 2009;73(4):Article 57.

P2

Evaluation of the Quality of Standardized Patients' Feedback

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Carine C L A Layat Burn. Unit of Educational Innovation, HECVSanté.

Introduction:

There is a lack of evidence on the quality of SPs' feedback (for a review, Bokken, Linssen, Scherpbier, van der Vleuten and Rethans, 2009). Some evidence shows that leniency is observed among SPs giving face-to-face feedback (Pfeiffer, Kosowicz, Holmboe, Wang, 2005). Based on literature, we held, in our new SP program, a special training session to enable SPs to deliver oral structured feedback in the context of health care professions.

SPs participate at different stages of our Bachelor programs (nursing, physiotherapy, midwifery). To teach communication and patient-health professional relationships, SPs are asked to give an oral structured feedback to students concerning their personal feelings. Our aim was to evaluate the quality of the SPs' feedback.

Methods:

24 SPs participated to the study. The quality of the SPs' feedbacks was evaluated through the use of:

- focus groups (SPs),
- semi-structured interviews (facilitators),
- observational questionnaire (semi-structured questions).

- student's evaluation,

Content analysis was done.

Results:

The SPs' training to feedback was appreciated by SPs. SPs highlighted their secure, collaborative and encouraging climate. The feedback given were perceived by SPs as structured. SPs reported their own difficulties and bias to giving feedback. They asked for more training to feedback.

Facilitators perceived feedback given by SPs as good, structured and as an authentic relational restitution of the SPs' feelings. SPs' feedback was perceived as given in a secured way for the students, but sometimes the content of feedbacks was unequal according to SPs who gave it.

Observational questionnaire showed that SPs gave structured feedbacks. In some cases, the SPs' feedbacks were too "kind" and repetitive.

Students highly valued the feedback given by the SPs and found it very useful when combined with the facilitators' feedback.

Conclusions:

SPs can deliver oral feedbacks in a structured and authentic way. The reflective practice approach seems to be a benefit to train SPs to give feedback. Further SPs' training to feedback are needed. A further study should combine the evaluation to the assessment of the quality of feedbacks delivered by SPs.

P3

Evaluation of a Standardized Patient's Training to Giving Feedback to Students Using a Reflective Practice Approach

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Carine Layat Burn. HECVSanté.

Introduction:

Based on current SPs difficulties to be precise when expressing their emotions during the feedback given to students, we held a special training session for the SPs to enable them to deliver feedback in the context of health care professions.

Project Description:

SPs participate at different stages of our Bachelor programs (nursing, physiotherapy, midwifery). To teach communication and patient-health professional relationships, SPs are asked to give an oral structured feedback to students concerning their personal feelings. We developed an SP training programme for them to deliver feedback including some teaching tools, communication techniques (open-ended questions, reflective listening, etc.) and 360 degree feedback guiding SPs to elicit and strengthen motivation for change their behaviors during feedback sessions. We evaluated the quality of the SPs' feedback through the use of focus groups, semi-structured interviews and some observations.

Outcomes:

We held training sessions for 24 SPs during the last academic year. The training was appreciated by SPs. SPs highlighted the secure, collaborative and encouraging climate of the training sessions. Although the way in which they were trained was evaluated as challenging, they all perceived it as very interesting and motivating. Results showed that the SPs' feedback was well structured. Faculty perceived feedback given by SPs as good, structured and as an authentic relational restitution of the SPs' feelings. SPs' feedback was given in a secured way for the students, but sometimes the content of feedbacks was unequal according to SPs who gave it. SPs' trainers observed that SPs gave structured feedbacks. SPs seemed to become aware of their own difficulties and bias to giving feedback and were more likely to express to students what they felt. Students highly valued the feedback given by the SPs and found it very useful when combined with Faculties' own feedback.

Conclusions/Discussion:

SPs can be taught to give effective oral feedbacks to health professional students in a structured and authentic way. The reflective practice approach seems to be a benefit to train SPs to give feedback.

P4

An International Survey To Examine Standardized Patient Use in Nursing Education

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Mindi Anderson,¹ Judy L LeFlore,¹ Leland J Rockstraw,² Carolyn L Cason,¹ Sheilamarie Ratcliffe,¹ Denise Cauble¹. ¹College of Nursing, The University of Texas at Arlington, ²College of Nursing & Health Professions, Drexel University.

Introduction:

The use of Standardized Patients (SPs) to support student learning in nursing is a recent innovation^{1,2}, and adoption of their use has been slow.^{1,3-4} To understand which nursing programs are using them and barriers associated with their use, this survey study examined: (a) the number and characteristics of schools of nursing internationally who use SPs and the extent to which they are used, and (b) the barriers to their use.

Methods:

Nursing respondents were given an initial and follow-up invitation to complete the survey (SurveyMonkey) via a posting on international simulation organizations' listservs/simulation forum. Additionally, it was sent to Deans, Directors, Heads of Programs, or Research Coordinators of over 1,200 nursing schools internationally.

Results:

A total of 218 individuals responded. The majority (86%, n = 181) were employed at schools or colleges of nursing, including universities and community colleges. Forty-five percent (n = 94) were faculty, and 44% (n = 92) were administrators at their place of employment. Ninety-two percent (n = 197) were Master's or Doctorally prepared. The majority (93%, n = 201) were from the United States. Eighty-one (n = 177) percent were between the ages of 41-60 years. Seventy-four percent (n = 160) reported using SPs. Table 1 contains the distribution of the student population/nursing programs utilizing SPs. Of n = 114, only 24% reported having a formal SP Program.

Table 1

	LVN	Diploma	ADN	BSN	RN-BSN	MSN	Post-Grad	Specialty	Anesthetics	Doctoral	Other
Percentage student population; all that apply n = 217	14	7	42	40	27	33	15	7	8	23	4
Percentage programs that use SPs; all that apply n = 122	20	4	37	43	16	39	10	7	5	5	7

Among those not using SPs (n = 54), the major barriers (all that apply) were lack of finances (69%), time (52%), and lack of human support (48%).

Conclusions:

Many schools of nursing use SPs informally as opposed to a formal SP Program. Future research should focus on outcomes from the informal and formal use of SPs. Additional research to determine student outcomes (competencies, critical thinking) and perceived/actual barriers are suggested.

Reference List:

1. Anderson M, Holmes T, LeFlore JL, Nelson, K & Jenkins T: Standardized patients in educating student nurses: One school's experience. Clinical Simulation in Nursing 2010; 6: e61-e66. doi: 10.1016/j.ecns.2009.08.001.
2. Becker KL, Rose, LE, Berg, JB, Park, H, & Shatzer, JH: The teaching effectiveness of standardized patients. Journal of Nursing Education 2006; 45(4): 103-111.
3. Jenkins LS, & Schaivone, K: Chapter 1: Standardized patients in nursing education. Annual Review of Nursing Education 2007; 5: 1-23.
4. Anderson M, Bond ML, Holmes T, & Cason CL: Acquisition of simulation skills: Survey of users. Clinical Simulation in Nursing; In press.

P5

Stress Perceived by Individuals Functioning as Standardized Patients or in Simulated Clinical Portrayals: A Preliminary Study

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Janie P Boyer, Julie Niedermier, David Kasick. Clinical Skills Education and Assessment Center, Ohio State University College of Medicine.

Introduction:

The use of standardized patients has become commonplace in medical education, with studies supporting the validity, reliability, and effectiveness of clinical skills activities involving these participants. Relatively less has been described about the characteristics of the actors and the impact and toll that patient portrayals may have on the standardized patients themselves. This project is a preliminary study designed to further characterize the standardized patient population and investigate the potential positive and negative attributes inherent to the experience of being standardized patients.

Project Description:

Approximately 150 individuals who have participated in standardized patient roles over varying durations within the last seven years were invited to complete an anonymous survey discussing their experiences. The survey was specifically constructed using multiple items with Likert-scale responses about perceived stress related to their portrayals as standardized patients.

Outcomes:

Despite limitations of the study design, preliminary data suggest that some individuals participating in standardized patient roles encounter emotional distress, physical symptoms, or both related to their work. The preliminary data also suggest that standardized patients participating in emotionally-challenging roles, such as in cases about mental health issues or delivering bad news, may be most at risk for job-related stress within the standardized patient setting.

Conclusions/Discussion:

The results suggest that participants may experience stress related to their standardized patient portrayals. Further, this stress may be most intense when standardized patients are asked to assume inherently emotionally difficult roles. While candidates for the standardized patient role are preliminarily screened, these results suggest that programs may want to consider additional support and preparation for these individuals. Additional education in advance of the standardized patient portrayals as well as post-incident debriefing and referral resources may be of value to this important and growing workforce within settings employing standardized patients.

P6

What Roles SPs Perform Most and How They Experience Their Work

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Keiko Abe,¹ Phillip Evans,² Jennifer Cleland,³ Yasuyuki Suzuki¹. ¹Medical Education Development Center, Gifu University School of Medicine, ²Centre for Education Scholarship, University of Glasgow School of Medicine, ³University of Aberdeen School of Medicine.

Introduction:

SPs' contribution to medical education is huge. There are mainly two types of SPs, which are standardized and simulated patients. SPs perform their roles, adapting as required. There are few reports in the literature that evaluate SP's attributes, roles and attitudes. This survey explores these features in the UK, US and Japan.

Project Description:

SPs were surveyed in three countries, the US (n=570), the UK (n=259), and Japan (n=532). The survey included their demographic characteristic, and attitudes regarding work experiences.

Outcomes:

The response rates were; US 45% (n=255), UK 62% (n=161) and Japan 62% (n=332). In the UK and US, the proportion of males and females is 2 : 3, compared with 1 : 4 in Japan. UK SPs are older. SP's in the UK and US generally work part-time and enjoy their tasks. Japanese SP's felt burdened and only half enjoy their tasks. In the US, 65% of SPs mainly perform a standardized role, lead the session without a facilitator and are well trained in providing feedback. In contrast to US, 78% (n=111) of UK SPs performs mainly a simulated role in a facilitated session, with limited training. Japanese SPs perform in both facilitated and non-facilitated sessions and most give feedback to students. Though there is some training, SPs report difficulty in giving feedback.

Conclusions/Discussion:

The ratio of simulated and standardized roles in SPs varies between countries. SPs' effectiveness correlates with frequency of training sessions. Feelings of being burdened may arise if there is insufficient training to prepare them for the required performance. Additional support and training may be needed for SPs to feel confident about performing their roles.

P7

A Pilot Study To Compare Allopathic and Osteopathic Medical Students in Clinical Breast Examination Using Standardized Patients and a Novel Portable Breast Simulator

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Sarah Goolsby,¹ Brenda Rosson,¹ Melissa Dakkak,² Jennifer Waller,¹ Candelario Laserna,¹ Mary Anne Park,¹ Paul Evans,² Kyle Johnsen,¹ D Scott Lind¹. ¹Surgery, Georgia Health Sciences University, ²Philadelphia School of Osteopathic Medicine.

Introduction:

Allopathic medical schools emphasize the application of basic science to clinical care, while osteopathic schools place early emphasis on palpation and osteopathic manipulative medicine. Therefore, we compared the history-taking (HT) and clinical breast examination (CBE) skills of allopathic and osteopathic medical students using a standardized patient (SP) and an innovative portable breast simulator (PBS).

Project Description:

Students from the Philadelphia College of Osteopathic Medicine-Georgia Campus (PCOM-GA, N=15) and Georgia Health Sciences University(GHSU, N=20) performed a history/CBE on an SP wearing a breastvest with a breast mass. Students received feedback from the SP or practiced on the PBS and performed a 2nd SP interaction (SP2) one week later. Data was analyzed using a two-factor ANOVA in addition to descriptive statistics for each variable in the data set.

Outcomes:

GHSU students improved significantly from SP1 to SP2 in their mean HT/CBE scores and breast mass detection. PCOM students did not change significantly between SP1 and SP2 but were significantly better at SP1 in detecting the breast mass.

PCOM-GA versus GHSU Students

	Hx/CBE Score (Mean)	Hx/CBE Score (Mean)	Breast Mass Detection (%)	Breast Mass Detection (%)
	SP1	SP2	SP1	SP2
PCOM-GA	29	32	97	95
GHSU	27	36*	60	80**

*p<0.001 versus SP1 **p<0.05 versus SP1 *p=0.0027 for SP1 PCOM-GA versus GHSU

Conclusions/Discussion:

Osteopathic students more frequently detected a breast mass in an SP-Breastvest model, but feedback can significantly improve allopathic students CBE skills. Medical curricula would benefit from focused CBE feedback using a Mammacare Specialist or PBS.

P8

The Effect of Taking Notes on the CPX Scores

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Hoon-Ki Park. Family Medicine and Medical Education, Hanyang University College of Medicine.

Introduction:

The medical recording work may distract eye contacts with patients and disturb patient-physician interaction and communication skills. During the clinical performance examination (CPX), taking notes may influence on the achievement of examinees in any direction.

This study was conducted to know how the activity of taking notes can influence on the CPX scores at the end of undergraduate medical education.

Project Description:

One hundred and six senior students at Hanyang University Medical College who took a CPX as a comprehensive exit exam were included in this study. The first six stations of the exam were run without giving any papers to examinees and the later six stations, with giving blank notes. All of them completed structured questionnaires at the end of the exam.

Outcomes:

Eighty eight students (83.0%) were male. The total CPX score of the first part exam of was same as that of the second part. (66.9 ± 5.0 Vs 66.2 ± 6.0) According to domains, the scores of the first part of the exam were higher at the area of physical examination (57.3 ± 12.4 Vs 51.3 ± 10.6), clinical courtesy (82.4 ± 9.4 Vs 76.9 ± 9.7), global rating (67.1 ± 6.3 Vs 64.7 ± 8.3), and the patient-physician interaction (66.8 ± 4.4 Vs 63.0 ± 6.5). However, the scores of the second part exam were higher than those of the first part, in the area of history taking (66.5 ± 6.9 Vs 68.5 ± 7.5) and information sharing (62.8 ± 27.7 Vs 74.7 ± 14.0).

Conclusions/Discussion:

During the encounter with standardized patients, the activity of taking notes makes examinees to achieve poorly in the area of patient-physician interaction.

P9

Utilizing an Interprofessional Aging Simulation To Promote Patient Safety

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Carla A Dyer,¹ Gretchen Gregory,² Dena Higbee,¹ Kyle Moylan,¹ Sherri Ulbrich,² Myra Aud². ¹School of Medicine, University of Missouri, ²Sinclair School of Nursing, University of Missouri.

Introduction:

A collaborative interprofessional Aging Simulation was developed for healthcare students to reinforce concepts of teamwork and patient safety, with an emphasis on fall risk reduction.

Methods:

During 2009-2010, third year medical students (N=81) and nursing students (N=81) participated in a multifaceted interprofessional learning experience focused on fall risk reduction, as well as general concepts of patient safety and QI. After completing online self-study materials, an interprofessional dyad performed a bedside fall risk assessment and customized a plan to reduce fall risk for a hospitalized patient. An interactive debrief session followed. In efforts to reinforce course themes and engage students with hands-on learning experiences, faculty developed an interprofessional Aging Simulation during 2010. Students completed 4-5 scenarios, playing both patient and caregiver roles to reinforce effects of aging and selected morbidities on mobility. Faculty highlighted pre/post encounter learning points, including recognition of fall risk factors, appropriate use of assistive devices, and interprofessional roles. Students completed a post-simulation evaluation. All students completed 5 Likert-style questions focusing on fall safety and 32 Likert-style questions related to knowledge/attitudes about patient safety, QI, and interprofessional collaboration pre/post learning experiences. After piloting and refining scenarios with 30 students, simulation was integrated into 2010-2011 experience.

Results:

Analysis of matched medical student (N=54, 82%) and nursing student (N=39, 48%) data, using the Wilcoxon Signed-Rank test, revealed statistically significant changes in the desired direction on all five fall safety questions. These mean scores increased by 8-28%. Of 32 Likert-style questions related to self-reported knowledge/attitudes about safety, QI, and interprofessional collaboration, there were significant changes in the desired direction for 10/32 items for medical students and 8/32 for nursing students. Student perceptions of the simulation in pilot experience were positive, particularly with respect to interprofessional collaboration and data collection/analysis is ongoing for 2010-2011.

Conclusions:

Overall, students showed significant increases in confidence in their abilities to identify fall risks, implement risk reduction education, and promote fall safety after these multifaceted learning experiences. Results encourage future interprofessional simulation projects to focus on acquisition of student knowledge as well as to directly improve patient care.

P10

Assessing a Medical English E-Learning Course Using English Speaking SPs

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: Novice

Christine D Kuramoto,¹ Ruri Ashida,² Motofumi Yoshida¹. ¹Department of Medical Education, Kyushu University, ²Office of International Affairs, Faculty of Medicine, The University of Tokyo.

Introduction:

English is the international language of medicine today. It is indispensable for non-English speaking medical students to develop proficiency in English both to acquire scientific knowledge and to communicate with patients. According to the Immigration Bureau of Japan there were 2,186,121 foreigners registered in Japan in 2009. Although many registered foreigners are not native speakers of English, English is often used as the language of communication when visiting health care professionals.

In response to the growing need for English proficiency in doctors, the ministry of education has recommended implementing medical English courses in universities throughout Japan. However, very few schools have introduced the use of English speaking SPs to their medical English curriculum. We designed a formative assessment using English speaking SPs to stimulate active participation in a medical English e-learning course.

Project Description:

First year PhD students ($n = 81$) of the faculty of medical sciences participated in a medical-English e-learning module. The students were formatively assessed using native English speaking simulated patients. Students were required to either take a medical history from the SP, or counsel the patient about smoking cessation. Students responded to questionnaires following the exam. Additionally, ten students participated in an in-depth interview providing feedback regarding the exam.

Outcomes:

Over 75% of the students responded that the exam motivated them to improve their English communication skills. The original goal of motivating students to participate more actively in the e-learning module was realized to some extent, however much of the motivation came after the assessment. The experience of struggling to communicate with English speaking SPs proved to be a motivating factor. The students' feedback provided a catalyst for the continuation and improvement of the exam and further use of SPs for language learning.

Conclusions/Discussion:

Through this pilot study, we would like to suggest the effectiveness of using SPs and the need for more training of English speaking SPs to help students become capable nationally and internationally in their profession.

Reference List:

Immigration Bureau of Japan <http://www.e-stat.go.jp/SG1/estat>List.do?lid=000001065021> accessed 11/30/2010.

P11

Psychometrics of the Clinical Performance Examination Standardized Patient

Measurements

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Dawn M Schocken, Daniella M Schocken, Mike Brannick, Rob Stilson. Center for Advanced Clinical Learning, USF Health.

Introduction:

Clinical competence in medicine is multidimensional, and many different methods have been devised to assess such competence. The Clinical Performance Examination (CPX) is a collection of 11 minute case simulations used to evaluate the competence of medical students in the diagnosis and treatment of patients. Standardized patients (SPs) are used to simulate patients according to a pre-determined script. The medical student examines the SP and then answers a series of questions concerning diagnosis and treatment of the SP. The SP completes an evaluation of the student's performance. Typically, the CPX will be several different cases.

Methods:

This research examined the reliability and validity of scores given by SPs during the CPXs of year three medical students. The data was collected from four case-based scenarios used for evaluation at the completion of their clerkships. There were two cases diagnoses that were run in two different examinations, yielding two pairs of cases considered alternate forms. The design of this study examined the ceiling for reliability and validity of the SP scores from each of the four cases. A multitrait-multimethod (MTMM) matrix was computed with the diagnosis as the methods and competencies (history taking, physical exam skills and communications) as traits.

Results:

The results within each case were then used as a baseline to evaluate the reliability and validity of scores between the cases. There was much less of method variance and monomethod bias in this study than is typically found in MTMM matrices for performance measurement. However, the convergent validity of the dimensions across exercises was weak both within and between cases.

Conclusions:

The reliability of ratings by training raters to watch video recordings of the same four cases and complete the same lichart scale forms used by the SPs was also measured. Generalizability analysis was used to compute variance components for case, station, rater and medical student, which allowed the computation of reliability estimates for multiple designs. Both the generalizability analysis and the MTMM analysis indicated that a much longer timed case (20-40 minutes) would be needed to create reliable examination scores for this population.

P12

Teaching Medical Students How To Communicate: Getting the Same Bang for Less Buck

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Michelle D Wallace, Britta M Thompson, Sheila M Crow, Jerry B Vannatta, Robert M Hamm, Rhonda A Sparks. College of Medicine, University of Oklahoma.

Introduction:

With increasing demand on clinical faculty time and curricular change in many institutions, most institutions have developed programs that focus on teaching and demonstration of communication and physician-patient interaction skills. This research aims to define the best instructors to facilitate the acquisition of basic communication skills in the pre-clinical curriculum. Prior research demonstrated Standardized Patients (SPs) were as effective as Clinician Instructors for basic communication skills training¹. The purpose of this study was to confirm this finding and demonstrate consistency in the evaluation process by SPs.

Project Description:

To compare the performance of students who were trained under faculty direction to students who were trained under SP direction, student performance on an MS1 communication OSCE was evaluated. The SPs evaluated each encounter using the Interview Rating Scale (IRS), a modified version of the Arizona Clinical Interviewing Rating Scale.

We assessed inter-rater reliability using intraclass correlation and internal consistency using Cronbach's alpha³.

To determine differences between students trained by faculty or SP only, we calculated a mean scale score and analyzed differences using an independent samples t-test and the non-parametric counterpart. Both had similar results, the outcome of the t-test is provided below.

Outcomes:

Analysis suggested fair to moderate inter-rater reliability, with a mean intraclass correlation of .42 and acceptable internal consistency reliability was ($\alpha > .70$). Overall mean scores were high, (mean=4.15, confidence interval: 4.12-4.19). Scores ranged from 2.60 to 5.00.

Analysis revealed no differences between communication scores of students trained by faculty or SPs alone ($p=.244$, $\eta^2=.01$). Mean scores for students trained by faculty was 4.13 (CI: 4.08-4.18) and those trained by SPs was 4.17 (CI: 4.13-4.22).

Conclusions/Discussion:

Students' performance on communication skills did not significantly differ between those trained with direct observation and feedback from clinical faculty members and those trained by SP alone. This confirms and extends what was previously noted¹ and allows us to focus use of clinical faculty without concern that other basic skills such as interviewing and communication will suffer under SP instruction. Further analysis should elucidate cost savings associated with the use of SPs alone in communication skills training.

Reference List:

Gall MD, Borg WR, Gall JP. Educational research: an introduction (6th edition). White Plains NY: Longman Publishers, 1996.

Vannatta JB, Smith KR, Crandall S, Fischer PC, Williams K. Comparison of standardized patients and faculty in teaching medical interviewing. Acad. Med. 1996;71:1360-1362.

P13

“Dropping Clues”: Training Standardized Patients To Portray Patients’ Contextual Issues

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Shewanna N Manning,¹ Eugenia Greenfield,¹ Christina St. Michel,¹ Britta Thompson,² Stephen Scott,³ Paul Haidet,⁴ Cayla R Teal¹. ¹Baylor College of Medicine, ²The University of Oklahoma College of Medicine, ³Weill Cornell Medicine College in Qatar, ⁴The Pennsylvania State University College of Medicine.

Introduction:

In 2009, we developed a Standardized Patient (SP) case for first year medical students. The case was intended to improve students’ knowledge and skills in recognizing and responding to patients’ non-verbal and verbal clues about clinically-relevant contextual issues. The case required SPs to portray three unique contextual issues, 1) beliefs about illness, 2) stressful environment and 3) fear of symptom meaning.

Project Description:

Drawing upon our routine SP training methods (i.e., script and checklist review, role play and video review with faculty, etc.), we designed a “clue dropping” training to standardize the SPs’ delivery of clues within each contextual issue. Each of the three contextual issues had four levels of clues, beginning at non-verbal subtle clues, escalating to non-verbal obvious, then verbal subtle, and finally verbal obvious. SP training effectiveness was measured, in part, using “bookmarking agreement” between students and SPs when asked to independently review the video taped encounter and bookmark moments when a clue was given. 2009 data suggested modifications to SP training which were employed in 2010.

Outcomes:

Of the 3,247 bookmarks recorded by SPs and students, there was 17% agreement across videos in clue identification. A review of the videotapes and focus groups revealed that some clues within a contextual issue resembled clues intended to represent a different contextual issue and that very few SPs dropped sufficient clues about the third contextual issue (19%) compared to the other issues (43% and 38% respectively, $p < 0.001$). We made changes in the 2010 SP training that included clearer association between each context and unique clues, and extensive role play and instruction on how to drop each clue. SPs were also instructed on acceptable student responses to various clues and when to escalate to the next level. These resulted in an increase in bookmarking agreement (to 20%), improved distribution of clues per context (40%, 34%, and 26% for contexts 1-3 respectively), and positive qualitative feedback.

Conclusions/Discussion:

Successful training to standardize how an SP drops clinically-relevant contextual clues in a student encounter permits educational activities that more closely approximate complex clinical interactions.

Reference List:

- Thompson BM, Teal CR, Scott SM, Manning S, Greenfield E, Shada RE, Haidet P. (September 2010). Following the clues: Teaching medical students to explore patients’ contexts. *Patient Education and Counseling*, 80(3), 345-350.
- Weiner SJ, Schwartz A, Yudkowsky R, Schiff GD, Weaver FM, Goldberg J, et al. Evaluating physician performance at individualizing care: a pilot study tracking contextual errors in medical decision making. *MedDecisMaking* 2007; 27:726-34.
- Levinson W, Gorawara-Bhat R, Lamb J. A study of patient clues and physician responses in primary care and surgical settings. *JAMA* 2000; 284:1021-7.
- Lang F, Floyd MR, Beine KL. Clues to patients’ explanations and concerns about their illness: a call for active listening. *ArchFamMed* 2000; 9:222-7.
- Wallace P. (2007). *Coaching Standardized Patients for Use in the Assessment of Clinical Competence*. Springer Publishing Co., New York, NY.

P14

The Reliability and Validity of the Professionalism Assessment Rating Scale (PARS)

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: Veteran

Patricia Myers-Hill,¹ Anthony Errichetti,¹ Jack Boulet². ¹Institute for Clinical Competence, New York College of Osteopathic Medicine, ²FAIMER.

Introduction:

- Interpersonal and communication skills are ACGME and AOA core competencies. Both MD (USMLE-CS) and DO (COMLEX Level 2 PE) boards assess humanism/communication. We need to develop and assess communication skills in pre-clinical years and follow up during clinical years.

There are few longitudinal studies demonstrating communication skills progression.

PURPOSE: To investigate changes in communication skills (professional conduct and interpersonal communication) through New York College of Osteopathic Medicine's (NYCOM) clinical skills curriculum.

To provide data to support the validity of communication ratings collected during end-of-year OSCE's.

HYPOTHESIS: Were there differences in communication skills by gender and did these skills vary over the first three years of the curriculum?

Project Description:

In the medical school curriculum all MS1 through MS 4 (n=1100) students were developed and evaluated for communication through both formative (on going SP communicative assessment) and summative assessments (end of year OSCE's).

Data was gathered for the End of year summative OSCE's using the Professionalism Assessment Rating Scale (PARS) which include points on both Relationship quality and Examination/Treatment Quality. This data was analyzed over the 3 year time period.

2 Factor repeated measures analysis of variance (RM - ANOVA) was conducted.

Dependent variable - overall PARS score

Independent variables - time (Years 1-3) and student gender.

Outcomes:

-Female scores rose from 5.35 to 6.39 over three years

-Male scores rose from 5.16 to 6.14 over three years

Problem Based Learning students excluded only lecture based students assessed.

Conclusions/Discussion:

- Evidence suggests that ratings based on the PARS are valid

- Females out perform males

- All student improved over times.

- Most students by the end of the 3rd year are at least minimally competent in communication.

LIMITATIONS

-Estimates of communication ability, based on few cases, can be error-prone.

-Results only generalizable to non-PBL curriculum

NEXT STEPS-

-Look at individual performance across curriculum

-Look at other factors affecting performances ie. individual clerkship experiences.

P15

Digital or Verbal Feedback from an OSCE: Does the Method Matter?

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Donald J Woodyard,¹ Kelly L Scolaro,² Melissa M Dinkins,² Erica N Clarkson,¹ Matthew A Turner¹.

¹School of Medicine, University of North Carolina, ²School of Pharmacy, University of North Carolina.

Introduction:

As part of the pharmaceutical care lab (PCL) course, pharmacy students receive feedback from standardized patients (SP) a total of sixteen times during the first three years of pharmacy school. We examined if the method for providing feedback makes a difference to students.

Project Description:

Pharmacy students are provided formative feedback as part of their Observed Structured Clinical Examinations (OSCE) during the second and third year. SPs were trained to provide feedback to students using one of three methods: verbally to the student, verbally to the video camera, or written on the checklist. Each encounter was seven minutes followed by four minutes for feedback, either directly to the student, or using one of the capture methods previously mentioned. Following each OSCE, students completed an online survey about the experience and the quality of the feedback received.

Outcomes:

111 second year and 105 third year students (N=216) took the OSCEs and completed the survey. All students were provided with a score report and the ability to access their videos. Only 21% of students receiving direct verbal feedback chose to view their video, however, 92% indicated the direct verbal feedback was helpful. 73% of students who received video feedback viewed their video and 80% reported it as useful feedback. 96% of third year students receiving written comments reported it as useful.

Conclusions/Discussion:

Students overwhelmingly appreciate feedback from OSCEs. Significant cost is required to prepare patients to provide direct feedback, which may not be necessary. Coupled with access to their videos, written feedback may be sufficient.

P16

The Mock Trial: Introducing Health Professionals and Legal Students to Medical Malpractice Using Simulation

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Christopher J Woodyard,¹ Donald J Woodyard,² Kelly L Scolaro,² Carol F Durham². ¹Charlotte School of Law, ²University of North Carolina.

Introduction:

Much of the resentment between the legal and medical professions is a result of the tort reform debate, which has pitted doctors versus lawyers in a very public and political battle of eye catching headlines: 54 cents of every dollar that injured patients received were used to pay legal fees; \$200B spent annually on defensive medicine because doctors fear lawsuits. However, lawyers and doctors are much more likely to interact on a professional level outside the realm of the dreaded medical malpractice lawsuit. From trying to understand the cause of death of a homicide victim to ridding a neighborhood of environmental health hazards, the opportunity for meaningful collaboration is substantial.

Project Description:

Medical, nursing, and pharmacy students enrolled in an Inter-Professional Teamwork & Communication Course had an interactive experience with law students centered on medical malpractice. This included a 90-minute didactic session followed by a 3-hour mock medical malpractice trial. The didactic session gave an overview of the judicial system followed by an in depth look at the process of medical malpractice litigation. At its conclusion, students were assigned to roles for a mock trial based on a true medication error case involving complaints against all three disciplines. Defendants and Expert Witnesses were assigned counsel by Law students and required to meet each other outside of class. Law faculty, acting as judge, managed the mock trial that used Standardized Patients as jurors and patients/family. Students later completed a retrospective survey on the experience.

Outcomes:

30 Nursing, Pharmacy, Medical, and Law students participated in the trial. Surveys of Health Affairs students (N=24) showed that 100% enjoyed the experience and felt more comfortable working with lawyers. While all students reported fearing litigation, the mean dropped from 4.0 to 3.5.

Conclusions/Discussion:

Some participants indicated reduced fear of litigation, but all students reported fear. All students favorably reported more comfort working with lawyers, understanding that lawsuits are a rare occurrence, and recognition that many of the myths surrounding torts are not true. This experience provided an opportunity for law students to practice their skills with healthcare professionals and juries. More collaborative opportunities among these professions are needed.

Reference List:

KevinMD.com, <http://www.kevinmd.com/blog/2009/10/usa-today-column-medical-malpractice-reform-needed.html>.

<http://www.sickcall.us/?p=4998>.

P17

Establishing Relationships with Simulation and SP Programs: A Hybrid High-Stakes 4th Year Medical Student Exam Was Developed Utilizing a Surgical Simulation Task Trainer and a Limited English Proficiency (LEP) SP Case

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Julianne Arnall, Karen Thomson Hall, Sylvia Bereknyei, Sandra Feaster, Andrew Nevins, Clarence H Braddock. Stanford University School of Medicine.

Introduction:

There is an expanding interest in collaboration between simulation and SP programs. The 2010 ASPE opening plenary focused on medical simulation and SPs, and both the societies for Simulation in Health Care (SIH) and ASPE are working collaboratively. In 2008 the Stanford Standardized Patient Program (SPP) applied for an internal Immersive and Simulation-based Learning grant to develop a hybrid SP case for a 4th year high-stakes exam. This case utilized a collaborative effort between the Goodman Surgical Simulation Center (SGC) and the SPP. The case was designed to challenge student competence in suture removal while communicating with a limited English proficiency (LEP) patient through an untrained interpreter.

Project Description:

At Stanford, the hybrid case was inserted as a ninth station in the standard eight case Clinical Performance Examination administered at all medical schools in California through the California Consortium for the Assessment of Clinical Competencies.

A female LEP patient presents to outpatient surgery clinic for suture removal s/p biopsy of suspicious mole. The student was instructed to remove all sutures. The LEP patient was trained to give an audible expression of pain during removal of second suture. The student had to communicate with the patient through an untrained medical interpreter.

Resources Used:

Simulated skin pad with three sutures placed on SP forearm; Surgical interns were recruited to place sutures in simulated skin as part of their internal bootcamp training in the GSC

5-0 silk K830H 30"SH-1 taper

Suture removal kits

6 bi-lingual SPs (three patients and three "untrained" interpreters).

Outcomes:

A total of 79 students were evaluated.

SP Evaluation of Student Suture Removal:

Done Correctly (71) 89.9%

Done Incorrectly (8) 10.1%

Overall Patient Satisfaction:

Satisfied (71) 89.9%

Unsatisfied (8) 10.1%

Overall Interpreter Satisfaction:

Satisfied (69) 87.3%

Unsatisfied (10) 12.6%.

Conclusions/Discussion:

This project was the first step in developing collaboration between simulation and SP faculty and staff. In addition, it provides a unique experience for the students. We anticipate an increase in hybrid exercises now that our simulation and SP programs share space in our new 28,000 sq. ft. Immersive Learning Center.

P18

Heightening House Staff's Awareness of Hand Hygiene Guidelines

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Sarah Middlemas, Diane Radlowski, Monica Lypson. Office of Medical Student Education, Standardized Patient Program, University of Michigan Medical School.

Introduction:

Lack of hand hygiene knowledge/adherence are known problems in healthcare institutions.¹ Making an assumption that interns arrive with sufficient knowledge about hand hygiene is unfounded and improved teaching and assessments are necessary. We administer a formative Post-graduate Orientation Assessment(POA) to incoming house staff as a part of their orientation to the health system. As a patient safety initiative, this reinforces our institution's dedication to hand hygiene policies and provides opportunity for earlier identification of these deficiencies so interventions may be implemented.

Methods:

We assessed both Aseptic Technique(AT) and hand hygiene(HH) in 1 station of an orientation assessment. A hand washing True/False quiz was created based on Centers for Disease Control and Prevention (CDC) guidelines.² The quiz included questions about HH agents' effectiveness against viruses and bacteria, and the length of time necessary to wash hands with soap and water. Upon completion of the AT station (where AT for bedside procedures are assessed³) the interns take an online quiz, followed by verbal feedback. Written handouts and reference materials documenting proper HH protocols are distributed upon station completion for review and remediation.

Results:

The majority of incoming residents (99%) identified the importance of hand washing in the prevention of infection and patient contact. However, further online testing indicated only (48%) knew alcohol gel was the best method for killing bacteria on the hands. Additional discrepancies were found between online testing and practical application. The quiz testing hand hygiene protocol indicated (94%) knew it was necessary to wash hands upon leaving a patient room. However, this was not supported during the practical demonstration of AT for bedside procedures assessed by a Standardized Nurse Rater, resulting in only (27%) completion of this same item.

Conclusions:

The administration of a HH exam and AT is just the first step in identification of hand hygiene performance of incoming house staff. Further remediation and early intervention of these deficits need to be addressed and rehabilitated at this critical point in the resident's professional careers, minimizing HAI, and associated hospital costs. It is evident that basic hand washing hygiene is an important skill that must be taught to new post-graduate trainees.

Reference List:

1. Pittet D, Allegranzi B. Lancet. 2008;372:1719-20.
2. Centers for Disease Control and Prevention. 2009 Hand Hygiene in Healthcare Settings, <http://www.cdc.gov/handhygiene/>, Accessed February 8. 2009.
3. Lypson ML, Hamstra SJ, Ross PT, Gruppen, LD, Colletti, LM. An Assessment Tool for Aseptic Technique in Resident Physicians: A Journey Towards Validation in the Real World of Limited Supervision. Journal of Graduate Medical Education: March 2010, Vol. 2, No. 1, pp. 85-89.

P19

Utilizing SPs in Motivational Interviewing across 3 Disciplines: Successes and Challenges

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Sarah Middlemas, Heather Wagenschutz. Office of Student Medical Education, Standardized Patient Program, University of Michigan Medical School.

Introduction:

Motivational Interviewing (MI), previously only used with addictive behaviors, has now traversed into many health sciences disciplines. It has been shown to be particularly useful with people who are reluctant to change or are ambivalent about changing a behavior.(1) The overall goal of Motivational Interviewing is to increase the client's intrinsic motivation, so that the change comes from within, rather than being imposed upon by others.(2) At a time when chronic disease is at an all time high(3), and adherence to treatment programs and medication use is low(4), the potential use and benefits of motivational interviewing in the health science field seem endless.

Project Description:

Our Standardized Patient (SP) Program currently collaborates with three different schools (School of Public Health, College of Pharmacy, and Medical School) to administer motivational interviewing educational content in their respective curriculums. Due to the course level, uniqueness of each learner, and content expectations for each discipline, the SP trainer needs to highly tailor the basic MI content and principles delivered to each group in order to appropriately assess the learner. Case comparisons will be provided to illustrate each approach needed to implement MI to the three disciplines as well as discuss from a trainer's perspective, the challenges/successes experienced working with each discipline.

Outcomes:

Lessons learned:

1. The SP trainer needs to have clear expectations from the faculty case creator on the depth of MI expected for their learners.
2. SP trainer needs to carefully tailor MI content expertise to the SP instructors
3. SPs need a basic foundation in MI, and are essentially MI content experts.

Conclusions/Discussion:

Motivational Interviewing used as a vehicle for Health Behavior change is becoming increasingly important to all health science fields. SPs used throughout various disciplines can aid in the practical application skills of these learners.

Future Directions:

1. Can we use the same MI case with all 3 schools, tailoring the expectations for MI to the learner?
2. Can the same SPs be trained and used for all 3 disciplines?
3. Can we work in an interdisciplinary manor, and blend all 3 schools into one exercise?

Reference List:

Miller and Rollnick, (1991). Motivational Interviewing: Preparing People to Change Addictive Behavior. New York, London: The Guilford Press.

Motivational Interviewing.org.

<http://www.cdc.gov/chronicdisease/overview/index.htm>, Content source: National Center for Chronic Disease Prevention and Health Promotion.

Vermeire E, Hearnshaw H, Van Royen P, Denekens J. (2001). Patient adherence to treatment: three decades of research. A comprehensive review. *J Clin Pharm Ther.* Oct;26(5):331-42.

P20

The Impact of Improvised Responses on the Ability To Portray and Observe

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Elizabeth T Newlin-Canzone,¹ Mark W Scerbo,¹ Gayle Gliva-McConvey,² Amelia M Wallace,² Lorraine Lyman². ¹Department of Psychology, Old Dominion University, ²Theresa Thomas Professional Skills Teaching & Assessment Center, Eastern Virginia Medical School.

Introduction:

Standardized patients (SPs) perform a demanding job because they must simultaneously portray a character and assess the learner. SPs often improvise case-relevant responses when learners ask unanticipated questions. Research on working memory (Baddeley, 1990) and attention (Wickens, 1984) indicates that people have limited attentional resources to divide among concurrent tasks. The goal of this study was to determine how improvisations affect the ability to observe another's nonverbal (NV) behaviors. It was hypothesized that participants would observe fewer NV behaviors when actively engaged in improvisational interviews as compared to rehearsed/rote interviews or while passively watching interviews.

Methods:

Thirty-six Old Dominion University (ODU) undergraduates participated in simulated job interviews. There were two types of interviews: one with improvisational responses and another with rehearsed/rote responses. There were also two types of observation: participants were actively engaged in one set of interviews and passively watched another set.

Results:

The proportion of NV behaviors correctly identified was analyzed with a 2 x 2 repeated measures ANOVA. Participants identified fewer NV behaviors during improvisational interviews ($M = .32$, $SD = .01$) compared to rote interviews ($M = .39$, $SD = .02$), $F(1, 35) = 26.96$, $p < .001$. Also, participants identified fewer NV behaviors when they occurred during active observations ($M = .27$, $SD = .02$) as compared to passive observations ($M = .45$, $SD = .02$), $F(1, 35) = 79.12$, $p < .001$.

Conclusions:

Participants had difficulty observing the interviewer's NV behaviors during improvisational interviews, when they simultaneously performed portrayal and assessment activities. This suggests that SPs may have difficulty dividing their attention between portrayal and observing activities, particularly when improvising. Research is currently underway at Eastern Virginia Medical School (EVMS) and ODU to understand how improvisations affect the abilities of SPs to portray and assess under similar active and passive conditions.

Reference List:

- Baddeley, A. D. (1990). Human memory: Theory and practice. London: Erlbaum.
Wickens, C. D. (1984). Processing resources in attention. In R. Parasuraman & D. R. Davies (Eds.), Varieties of attention (pp. 63-102). Orlando FL: Academic Press.

P21

Training of Simulated Patients across Scottish Medical Schools. Variation and Commonalities of Practice

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Bryan Allan. Centre for Medical Education, University of Edinburgh.

Introduction:

The use of Simulated Patients (SPs) in medical education has grown a great deal since their inception over 50 years ago. In Scotland UK, all SP programmes use volunteers rather than professional actors to take on the role of an SP. SPs in each SP programme receive different modes of training to take on the role required.

Aims:

This study aims to explore what training a newly recruited SP should receive by examining the current methods of training utilised by each of the 5 SP programmes in Scotland. The study also aims to examine what SPs themselves feel about the training they received when they became an SP and what they believe should be included in a training programme for a new volunteer becoming an SP.

Methods:

Face to face semi-structured interviews were conducted with SP trainers in 4 of the 5 medical schools throughout Scotland. As the author is an SP trainer in the remainder medical school, a reflective account of the training was added to the data set. Focus groups examining SPs views of the training that they had received and also what training they thought should be given to a new SP were also conducted.

Results:

The SP focus groups and SP trainer interviews produced both constructive and contrasting views on SP training in Scotland. These views have been thematically analysed and a generic programme of SP training in Scotland has been developed.

Conclusions:

Although there are differences in the modes of training SPs that are utilised by each medical school, there are many similarities in the material being delivered. A generic model of training for SPs has been developed which could be used by all those involved in using volunteers as SPs. Other areas highlighted in this study include the need for ongoing training, buddyng of new SPs, debriefing and the regular appraisal of SPs on their performance.

P22

Using Standardized Patients in Nursing OSCEs

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: Novice

Debbie Sikes, Dayle Sharp. School of Nursing, The University of Texas at El Paso.

Problem:

Nursing programs are seeking to increase reliability in evaluating clinical competencies for Advanced Practice Nurses.

Plan:

UTEP School of Nursing implemented the Standardized Patient program over a one-year period following these steps.

Method:

Faculty Education

- Purpose of OSCE
- Development process of OSCE
- Role of SP in clinical assessment
- Methods of assessment/evaluation for OSCEs

Funding and Development:

Funding for this project was provided through the Serving the Underserved Cultural Competence Enhancing Success (SUCCESS) grant. A coordinator was hired to develop the following tools prior to implementation of the program:

- OSCE Cases and Checklists
- SP Hiring Forms
- SP Profile Form
- Brochure
- SP Training Materials
- Protocol and procedures
- Evaluation tools

Incorporated use of:

- Adobe Pro
- Blackboard
- Video recording equipment

Outcomes:

“WOW! What an awesome experience, just like with anything new a few quirks need to be worked out still the benefits of this experience cannot be denied. It was truly one of the most organized, constructive and well ran practicums in any capacity I have ever been part of. I strongly feel that the OSCE’s was an enormous success and should be incorporated throughout our clinical stay. Merely, with that one experience I can honestly say it catapulted all my didactic teachings into one effective learning experience.”

Student Reflection

P23

An Innovative Approach to Teaching Communication and Assessment Skills: Using Standardized Patients To Portray Post-Traumatic Stress Disorder

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Debra Webster, Laurie Rockelli. Nursing, Salisbury University.

Introduction:

Traditional methods to teach communication skills in nursing include didactic lessons in the classroom followed by practice with real patients in the clinical setting. Nursing faculty often assign Interpersonal Process Recordings (IPRs) to facilitate the development of therapeutic communication skills and to provide feedback to students about performance. While IPRs encourage students to identify techniques used and to examine the congruence of verbal and non-verbal communication, students may not always document what actually occurred during the student-patient interaction. Since students must rely on memory of the interaction to complete the IPR, the information documented may not be accurate. Additionally, the student may document what they think they should have said instead of what they actually said. The use of video recorded interactions with Standardized Patients (SPs) allows for an innovative teaching strategy to facilitate the development of therapeutic communication skills while capturing what actually occurred during the interaction between student and client in a safe learning environment.

Project Description:

Two SPs were trained to portray a client with Post-Traumatic Stress Disorder. This was the second of three SP experiences for fourteen senior baccalaureate nursing students. Before this 15 minute interaction, occurring in the middle of a 14 week semester, students were assigned to read about PTSD and complete a case study. Prior to this SP experience, each of these students had an initial experience during the first 3 weeks of the semester with a SP who portrayed one of five mental illnesses including paranoid schizophrenia, obsessive compulsive disorder, bipolar mania, depression with suicidal ideation, or dementia. The only preparation for the initial SPE was an assignment to read about therapeutic communication skills. This learning strategy was utilized to evaluate the combined use of SPE with case study to facilitate communication and assessment skills. Data are being analyzed.

Outcomes:

Preliminary student evaluation of this learning experience was overall positive with each student reporting increased confidence in communication and assessment skills. Faculty evaluation supported this finding.

Conclusions/Discussion:

Preliminary results suggest that case studies and standardized patient experiences can be combined to create a unique learning experience to facilitate the development of psychiatric nursing skills.

P24

Take One: Lessons Learned from the Implementation of a Standardized Patient Experience for Psychiatric Nursing Students

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: Novice

Debra Webster, Laurie Rockelli, Lisa Seldomridge. Nursing, Salisbury University.

Introduction:

During the fall of 2010, we implemented a Standardized Patient Experience (SPE) for eighty-three senior nursing students enrolled in a psychiatric nursing course in a baccalaureate nursing program. This new teaching strategy was implemented to teach communication skills. Each student was assigned to complete two to three Standardized Patient Experiences (SPEs) during the 14 week semester. Data were collected to assess the effectiveness of this new teaching strategy.

Project Description:

Using a storyboard format, we will share how we planned and implemented this new teaching strategy and how we are evaluating the effectiveness of this pedagogy. We will share the triumphs and hardships associated with the implementation of a new Standardized Patient Experience covering the recruitment and training of actors, the writing of scripts, the IRB approval process, and the paperwork associated with this project. Additionally, we will introduce you to research opportunities that have emerged from the implementation of a Standardized Patient Experience as we share our lessons learned from this exciting project.

Outcomes

Preliminary evaluation of data shows a decrease in student anxiety and an increase in overall communication skills with improvements seen in students' ability to respond appropriately to patients' verbal and nonverbal behaviors. In addition, there was improvement seen in students' ability to set limits on inappropriate patient behaviors.

Conclusions/Discussion

Standardized Patient Experiences can be used to teach therapeutic communication skills in psychiatric nursing courses, therefore improving nursing care for individuals with mental illness.

P25

One Patient, Four Clerkships: An Integrated, Multi-Disciplinary Approach

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Mary F Donovan,¹ Marguerite R Duane,² Rebecca Evangelista,¹ Maria Marquez,¹ Michele Wylen,³ Shyrl I Sistrunk¹. ¹Office of Medical Education, Georgetown University School of Medicine, ²Spanish Catholic Center, Catholic Charities, Archdiocese of Washington, DC, ³Public Health Division, Arlington County Department of Human Services.

Introduction:

Most clerkships use Standardized Patients (SPs) in discrete, clerkship-specific exercises to assess their core clinical competencies. While this may be efficient for each discipline, it can leave students with “tunnel vision” rather than a holistic approach to clinical practice.

Providing a separate event by clerkship can be costly in compensation, time and space. Longitudinal clinical experience provides variable patient exposure, which may result in defined knowledge gaps, which offers challenges in educating generalist physicians-in-training.

Question: Does an integrated approach to clinical cases academically enhance clinical experience and continuity of care, and decrease educational costs?

Project Description:

Simulation of continuity clinic for third-year students with a two-case sequential scenario, representing synergy amongst:

General Surgery / Obstetrics-Gynecology / Family Medicine / Pediatrics

The OSCE requires skills from all above specialties. The first office visit involves a 17-year-old female with stomach pain; students should recognize an acute abdomen and generate an appropriate differential (Surgery and OB-Gyn). “Six weeks later” the same teenager returns for a sports physical. New doorway information directs students to perform an adolescent risk assessment and counseling (Pediatrics and Family Medicine). The final post-encounter is a self-assessment tool mirroring the SP checklist.

Our 200 students participate over ten days after completing the first quarter of core clerkships.

Outcomes:

This approach provides a meaningful experience for students to synthesize multi-disciplinary skills and knowledge, in addition to an opportunity to self-evaluate and self-reflect. The Office of Medical Education gains valuable feedback about both individuals’ skills and overall program evaluation. SPs appreciate that the same student may demonstrate variable interpersonal skills based on the acuity of presentation. Costs are minimal compared with those we would incur using separate SPs in specialty events, case development and space allocation.

More for Less - One integrated clerkship exercise vs. four specialty clerkship exercises

Cost for 2-case integrated exercise	10-day event / 200 students	\$9,700.00
Cost for 1-case per-clerkship exercise (4)	10-day events (4) / 200 students	\$38,880.00

Conclusions/Discussion:

If efficient evaluation of an integrated approach to clinical care is a school competency, such a longitudinal SP project across clerkships provides a multi-disciplinary educational experience.

Reference List:

Gaufberg, E et al. The Harvard Medical School Cambridge Integrated Clerkship: challenges of longitudinal integrated training. Clin Teacher. 2008;5:78-82.

Hemmer, P. Longitudinal, Integrated Clerkship Education: Is Different Better? Acad Med. 2009; 84, 7: 822.

Norris, TE et al. Longitudinal Integrated Clerkships for Medical Students: An Innovation Adopted by Medical Schools in Australia, Canada, South Africa, and the United States. Acad Med. 2009; 84, 7: 902.

Mihalynuk, T et al. Student Learning Experiences in a Longitudinal Clerkship Programme. Med Educ. 2008;42: 729-732.

P26

Using Standardized Patients Effectively To Demonstrate Ultrasound Equipment to First Year Medical Students

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Marcy Hamburger, Jim Power, Joanne Oakes. Standardized Patient Program, University of Texas Medical School at Houston, Standardized Patient Program, University of Texas Medical School at Houston, Standardized Patient Program, University of Texas Medical School at Houston.

Introduction:

To integrate basic science anatomy knowledge and the abdominal physical examination, we introduced the use of abdominal ultrasound, Sonosite 180 Plus, to our skill sessions in November, 2010. Four standardized patients were trained to use the ultrasound for the FAST, Gallbladder, Liver, Kidney and vascular abdominal exams. These SPs then demonstrated and taught the ultrasound anatomy to 240 first year medical students. The students watched the SPs demonstration using the ultrasound machine to identify abdominal spaces and structures. Both the students and the SPs using the ultrasound were directed to www.sonoguide.com for additional instruction.

Project Description:

Emergency Medicine course faculty trained four SPs in 4-6 hours of ultrasound training. Use of ultrasound was incorporated into our simulation station during the required first year medical student abdominal skill sessions. Students viewed the different organs on the ultrasound machine and on projected images in real time. Printed still images of important anatomy were available for review. The large projection enabled a larger number of students to view images simultaneously. Students practiced performing ultrasound exams on a live standardized patient with SP instruction. The students were provided handouts about the abdominal exam with ultrasound references.

Outcomes:

240 students participated in these sessions. The students will be surveyed during their review session on November 23, 2010. Results are pending.

Conclusions/Discussion:

Incorporation of ultrasound imaging into preclinical skills sessions increased student satisfaction, competence and confidence with difficult and different clinical skills. Training time was 4-6 hours for SP proficiency in identifying important relevant anatomy. The students were all eager to attend the sessions and participate. Here are some comments:

1. "Great hands on learning tool."
2. "That's.....amazing"
3. "Nice bridge between classroom learning and hands on learning."
4. "The ultrasound was useful to get the hang of it, but a little more prep before it happened would be nice."
5. "Being able to see, in action, what we are learning is invaluable."

P27

Using Web-Based OSCE To Teach and Practice SBIRT Clinical Skills

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Susan E Wilhelm, T Bradley Tanner, Mary P Metcalf. Clinical Tools, Inc.

Introduction:

The Joint Commission recently recommended performance measures for screening, brief interventions, and referral to treatment (SBIRT) of patients with substance abuse (1). To comply with these updated measures, increased training on SBIRT clinical skills is needed on all levels, from physicians and nurses to residents and health professional students.

With funding from NIH/NIAAA (grant #1R44AA016724-01A1), we previously developed a novel way of interviewing standardized patients (SP) via Internet-chat in real time. Our initial studies validated the use of the Internet-chat Web-based OSCE as an assessment of medical student competence and performance of SBIRT clinical skills specific to alcohol abuse. A new study, funded by NIH/NIDA (contract #HHSN271200900036C), will validate the Web-based OSCE for learning and subsequent ability to practice key SBIRT clinical skills on tobacco and alcohol abuse.

Project Description:

We created an online SBIRT training curriculum with 4 case-based courses. Initial curriculum development targeted primary care providers; the final curriculum is also applicable to residents and health professional students. We developed two substance abuse standardized patient cases (Nathan and Mike); further SP cases are in development. Learners will be expected to practice a particular aspect of SBIRT with each patient (such as screening, diagnosis, performing a brief intervention, etc).

Outcomes:

Our planned study will measure learner competence and performance both pre and post encounter with the live standardized patient via Internet-chat. With each case, learners will be provided with sufficient case background, via a simulated electronic medical record, to practice a core component of SBIRT. Learners will engage in a 15 minute live chat with a trained standardized patient. Post-interview, learners will be provided with feedback and will have the opportunity to assess SP performance. Learner mastery of SBIRT clinical skills will be evaluated by the SP using checklists.

Conclusions/Discussion:

We anticipate that learners will practice key SBIRT clinical skills and will increase their competence and performance as a result of the Web-based OSCE interactions. Future studies are planned to compare different modes of Web-based OSCE, including video chat, Internet-chat, and chat with a computer-based simulated patient (via predetermined responses).

Reference List:

Joint Commission Performance Measurement Initiatives: Screening and Treating Tobacco and Alcohol Use. 2010.

<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Screening+and+Treating+Tobacco+and+Alcohol+Use.htm>.

P28

Two Sims and 180 Medical Students – Hybrid Simulation on a Budget

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Julie A Mack, Pamela K Shaw. Neis Clinical Skills Lab, University of Kansas School of Medicine.

Introduction:

The use of SP's in medical education is well established and many centers are now building simulation centers. Our Institution has written a proposal for a center, but with today's economic climate it could be years before it is fully funded. We wanted our students to benefit now from this emerging hybrid simulation trend, but with only two sims and 180 students per class we needed to find a way make the most of our resources. In order to introduce simulation for learning to our students, we designed a hybrid SP/High Fidelity program.

Project Description:

The poster will describe this hybrid simulation program that is a part of our Infectious Disease module. Harry Holmes presents with cough, shortness of breath and fever. The SP's are trained to cough and act extremely fatigued. Students are instructed to examine Mr. Holmes and to take his history, but during the PE instead of listening to the lungs of the SP, they are to excuse themselves ("Please excuse me while I check on your lab results") and instead listen to the lungs of a simulator. Our sims are programmed to have congestion in the right lung and normal lung sounds in the left. After listening to the lungs of the simulator the student returns to the exam room to convey their findings. The students then receive feedback from their SP regarding interpersonal communication skills and professionalism. One important component of the feedback session is a discussion between the student and the SP regarding how they handled the transition between the live and simulated patient. Students are then asked to document their findings.

Outcomes:

Our poster will show statistics for PE findings drawn from the SOAP notes and trends from SP checklist items. We will also show Satisfaction Questionnaire data from students.

Conclusions/Discussion:

An important lesson learned was that our students needed more practice listening to simulated lung sounds. For next year, we plan to work with Laerdal to develop a timed coughing loop. We plan to use this program as a springboard to develop other hybrid programs for our students.

P29

End of Life Simulation of Therapeutic Communication and Care Using Standard Patients and SimMan®

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Kelly Tomaszewski, Carol Robinson, RuthAnn Brin tall. KCON, Simulation Center, Grand Valley State University.

Introduction:

Clinical simulation of end-of-life (EOL) scenarios can give students the opportunity to learn the vital concepts of EOL care in a safe environment. Rarely does the student have the privilege of caring for someone who is actively dying. Using AACN and ELNEC competencies and course outcomes as a guide, simulations can provide the student insights into elements of care that seem to provide the most emotional distress for students: emotional support to patients who are dying (and their families), physical care, and postmortem care. At Grand Valley State University, we have conducted a simulation of therapeutic communication for EOL discussion with standard patients, and simulation of an actively dying patient, using one standard patient (family member) and SimMan®.

Project Description:

The simulations were part of an elective EOL class, consisting of various undergraduate majors. A doctorate of nursing (DNP) student taped an interview of a model patient couple processing the recent bad news of a terminal diagnosis. The video was shown to the class, followed by a live interaction of the students with the model patients as they discussed which communication techniques were helpful. Three weeks later, the patient (now SimMan) was readmitted to our simulation lab with our model patient wife, and students were invited to participate in the care of the patient and his family while he died. Students originally were reticent to volunteer to participate in the death simulation. The DNP proceeded with the simulation, then offered to perform the simulation again with any student volunteers. Two undergraduate nursing students volunteered at that point. During the debriefing, barriers to participating in the simulation, given the safe environment, were discussed. Feedback included discomfort with caring for the dying without more experience. Pre and Post Simulation questions were asked, based on the National League for Nursing tools for student satisfaction, educational practices and simulation design.

Outcomes:

The results from the Pre/Post questions demonstrated a strong satisfaction with the simulation and the need for further experience in this area.

Conclusions/Discussion:

This simulation underscored the need for further education for undergraduate nurses in palliation and EOL care.

Reference List:

- Leighton, K. & Dubas, J. (2009). Simulated death: An innovative approach to teaching end of life care. *Clinical Simulation in Nursing*, 5(6), e223-e230.
- Schlairet, M.C. (2009). End of life nursing care: Statewide survey of nurses' education needs and effects of education. *Journal of Professional Nursing*, 25 (3), 170-177.
- Smith-Stoner, M. (2009). Using high-fidelity simulation to educate nursing students about end of life care. *Nursing Education Perspectives*, 30(2), 115-120.
- Sperlazza, E. (2009). The power of pretend: Using simulation to teach end of life care. *Nurse Educator*, 34(6), 276-280.
- Thompson, G.T. (2005). Effects of end of life education on baccalaureate nursing students. *AORN Journal*, 82(3), 434-440.

P30

Introducing Modified ‘Time In Time Out’ Technique for Practicing Communication Skill

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Jonghoon Kim, Medical Education, Inha University School of Medicine.

Introduction:

Time-in time-out (TITO) technique allow breaks in the interview process for feedback and has been used by medical students during communication skills practice with standardized patients (SPs). We observed several problems while using TITO with our students. We originally kept the SP, facilitator and students in a common space. Students interviewing the SP with direct peer observation complained that they felt anxious and had difficulties engaging in the encounter. The facilitators reported that some students became too defensive and requested time-out early to avoid addressing challenges. Facilitators also noted that discussion during time-out was hindered by the presence of the SP in the room. SPs complained that it was hard for them to prepare the final comments entirely by memory, and to act after time-out because they had heard what was discussed.

Project Description:

The space for TITO was modified as to provide independent areas for the interviewer with the SP and the discussants. In the modified format, observers watch the encounter through one way glass in the observation room. The interviewer moves from the observation room to the patient area and begins the encounter. When the interviewer or facilitator determine a need for a time-out, the interviewer moves back to the observation room and participates in discussion with the observers. The SP provides comments to all interviewers at final wrap-up.

Outcomes:

Several advantages of this modified format were found. The interviewers stated that they felt less stressed and found it easier to engage in the interview. Most time-outs were called by the facilitators, not by interviewers, and the interviewers seemed willing to struggle more with the challenges of the encounter. Facilitators noted that discussions during time-out were more active, and that the arrangement allowed for discussion with the observing students in real-time during time-in. SPs stated that they could concentrate on their portrayal more comfortably after time-out and could prepare final comments more precisely.

Conclusions/Discussion:

Interviews with SPs in front of other students is stressful for some students. Separating spaces for the encounter and discussion can provide more comfortable environment for the students, and has additional advantages for both students and SPs.

P31

Using the Objective Structured Teaching Exercise (OSTE) for Faculty Development

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Liz Ohle,¹ Cheri Bethune². ¹Standardized Patient Program, Memorial University of Newfoundland, ²Family Medicine, Memorial University of Newfoundland.

Introduction:

Assisting clinical faculty to become better teachers and preceptors for medical students and residents is an ongoing concern. Opportunities to observe faculty when teaching and provide feedback are scarce. The use of an Objective Structured Teaching Exercise (OSTE) provides a format for faculty to demonstrate teaching skills and receive feedback from a standardized medical student and from colleagues.

Project Description:

The Faculty Development Coordinator in the Department of Family Medicine solicited assistance from the Standardized Patient Program to develop case scenarios for faculty development activities. The Coordinator and SP Educator collaboratively wrote patient cases, clerk profiles, and developed feedback rubrics. The Coordinator invited colleagues to participate in 1:1 sessions, investigated workshop presentation opportunities, and cultivated an interest in the OSTE within the Department. The SP Educator focused on recruiting and training SPs to portray medical students, and familiarized the SPs with the feedback rubric. A dry run of each scenario was conducted.

The scenarios consisted of a corridor consultation with the standardized medical student discussing a patient with the preceptor. A faculty colleague observed. Following the interaction, the medical student gave feedback using the rubric. The colleague also provided feedback and listened to the preceptor self assessment. When conducted in a group setting, additional input was provided by other colleagues.

Outcomes:

These scenarios have been utilized for new faculty in the Department of Family Medicine, with rural preceptors, and in workshops at national conferences. All participants have valued the experience, benefiting from positive feedback as well as suggestions.

Conclusions/Discussion:

Level of complexity of cases and the learner profiles are dependent upon the medical expertise and demographics of the standardized medical students.

Standardized medical students can portray a variety of challenges for the preceptor to manage based upon the goals of the faculty development session.

SPs with excellent feedback skills are critical.

Additional teaching environments can be replicated with OSTE scenarios including bedside teaching, teaching in the ambulatory setting, teaching a procedure, etc.

Using the OSTE as a formative, not evaluative experience has been important to fostering buy-in by faculty.

P32

Developing a Database for a Standardized Patient Program: Making a Square Peg fit into a Round Hole

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: Novice

Alan Johnstone, Darlene Whetsel, Lisa Rawn, Jessica Humphrey. CELA/Program in Human Simulation, Vanderbilt University School of Medicine.

Introduction:

Standardized patient programs are models for high turnover, odd hours, and large numbers of employees with varying skill-sets. Keeping track of this information while also managing training sessions, events, and cases can be a challenge. Database programs offer an electronic solution to these problems, but finding the appropriate solution can be a difficult challenge in its own right. Most turnkey database solutions do not fit the needs of a standardized patient program, and hiring a developer to create a program from scratch can be costly and time consuming. Using basic project management methods and some simple database development software, we will examine one approach to the development of an SP database.

Project Description:

An SP software solution has been developed using FileMaker Pro and FileMaker Server database software. Searchable SP information is stored in the database and can be used by SP educators to find SPs who have been trained on specific cases or who meet specific physical or logical criteria necessary for case portrayal. SP training hours and event hours are tracked through a login/logout “time clock” interface that is managed by the SPs as they enter and exit the building. Additional information is available through pre-constructed reports.

Outcomes:

The database was implemented in 2008 as an Agile project with future growth and expansion in mind. This valuable tool has increased SP educator efficiency, as educators have access to SP photos, demographic information and prior training experience at their fingertips. The information gathered by the database has become an important resource for SP training, financial reports, and annual report data collection.

Conclusion/Discussion:

The choice of FileMaker software has allowed the development of this dynamic and detailed system without the assistance of a programmer. While there is a minor learning curve associated with any database development project, the use of FileMaker or other comparable database systems can allow this flexible type of development without the need to learn a computer language or acquire the assistance of a programmer.

P33

Geriatric SPs – Working Successfully with Your Senior Boomers

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Wendy L Gammon, Sarah M McGee. Standardized Patient Program, University of Massachusetts Medical School, UMMS Simulation Center, University of Massachusetts Medical School.

Introduction:

Standardized patient cases portraying medical problems of older patients have been used for years in medical training programs. These can range from simple exercises with SPs using their personal history with students practicing basic medical interviewing skills progressing to more complex OSCE cases requiring standardized patients with accurate repetitive portrayal and checklist recording.

There were 39 million people 65 and older Americans in 2009. Current trends indicate there will be over 72 million by 2030—about 20% of all Americans. The most rapid rate of growth is in the group over 85. There is a need for better training in identifying and managing geriatric acute and chronic diseases and recognition of wellness in the American patient population.

Project Description:

It is a challenge for SPs of any age to maintain stamina and accurate recall in a multi-station clinical exam lasting several hours in one OSCE session. There are those and other unique challenges for elderly SPs working OSCEs. These can include earlier onset of fatigue, hearing difficulties, physical discomfort from multiple physical exams and difficulty working with computers within limited time periods. Some programs use middle-aged SPs as geriatric patients while some reserve their elderly SPs for low stakes exercises where shorter sessions and improvisation are acceptable.

Outcomes:

At this institution, there has been a strong tradition of using SPs over 65 for teaching and assessment. One third of this SP workforce is 65 to 85 years of age and work regularly in OSCEs at their home institution as well academic projects at other sites up to 50 miles from home base. Strategies have been developed and implemented to keep these older SPs accurate and effectively working in high stakes clinical exams. These include frequent training reviews; more structured training materials and feedback guidelines; limiting the number of encounters in one session; remote monitoring of case portrayal and checklist scoring; and available technical support.

Conclusions/Discussion:

With thoughtful management, training and scheduling, geriatric SPs can be a valuable and reliable resource in a program as they play an increasingly more critical role in the curriculum of health professions.

P34

Come out from behind the Microscope: Pathologists, Meet Your SPs!

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Wendy L Gammon, Marsha E Kaye, Jennifer L Hunt. Standardized Patient Program, University of Massachusetts Medical School, Standardized Patient Program, Northwestern University, Feinberg School of Medicine, Pathology Department, Massachusetts General Hospital.

Introduction:

Pathologists are not traditionally involved with direct patient communication. When a patient is referred for screenings, biopsies or other procedures, it is the pathologist's expertise that plays a key but remote role when interpreting material and generating a diagnosis. Detailed reports are then typically sent to the referring physician who in turn informs the patient of the results. The pathologist working behind the scenes is not present with patient and doctor when results are given. As healthcare moves toward a more team structure, many formerly silent partners are coming out of the laboratory and into the patient's circle of providers.

Project Description:

A pathologist at a teaching hospital collaborated with SP program directors at two institutions to develop an SP event at the College of Pathology's (CAP) annual meeting, providing pathologists an opportunity to speak directly with diagnosed patients to explain test results and answer questions.

An OSCE case was developed of a woman whose breast biopsy revealed breast cancer. The goal was not to have the pathologist deliver bad news but rather to meet personally with the patient in follow up to discuss her biopsy results and potential course of her disease.

Outcomes:

This SP "experience" was offered to CAP conference attendees on a sign-up basis and 33 pathologists filled all available SP slots. Each completed pre and post surveys about prior experiences interacting with SPs and real patients. Participants then examined the patient's biopsy slides and other images for interpretation and review prior to meeting the patient. Following each interview, SPs completed a communications checklist and met with the pathologist for feedback.

Conclusions/Discussion:

This was a successful collaboration: The pathologist and SP Director "A" from one city developed the OSCE case and clinical materials. As the conference was held in city "B", SP Director "B" trained the SPs and helped direct logistics on site while both directors developed SP feedback and checklist materials. Pathologists rated the experience very highly, with over 70% giving very high scores to the SP feedback. This successful exercise will be expanded and offered at future pathologists' meetings.

P35

Cooperation and Collaboration: A Team Project for Hearing and Speech Science Students To Prepare Individualized Education Plans and Meetings

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Darlene R Whetsel, Lisa Rawn, Lynn Hayes. CELA/Program in Human Simulation, Vanderbilt University School of Medicine.

Introduction:

As healthcare educators continue to recognize the benefits of SP methodology, standardized patients (SPs) often participate in simulations outside of traditional medical school courses. Hearing and Speech Science students work independently during their coursework, yet work together with parents of children in the real-world educational environment. Simulated Individualized Education Plan (IEP) meetings offer learners the opportunity to collaborate as a team and develop skills in planning and conducting these meeting with standardized parents.

Project Description:

An IEP is a written plan that describes programs and/or special services a student needs to be successful. School staff and parents develop this plan collaboratively, and parents play a key role in this process. For this project, graduate level students in Audiology, Speech Therapy, and Deaf Education analyzed details for three separate IEPs that progressed in difficulty and conducted the meetings together with standardized parents. The cases occurred at different intervals during the semester. All cases included some diagnosis of hearing loss with challenges of a new school placement, a school transfer, and newly diagnosed ADD. Teams were constructed to include one student from each discipline. The 45 minute cases were designed around specific sections of the IEP. The case information was provided in class, and teams worked together to prepare recommendations to the standardized parents. Learners alternated as the principal interviewer allowing each student the opportunity to oversee one of the meetings. The goals were to assess the learner's ability to efficiently lead a meeting with parents and cover the various sections of the IEP efficiently while using good communication skills.

Outcomes:

SPs completed checklists and written feedback on students' communication skills as well as the students' ability to cover appropriate information included in the IEP. Faculty observed each encounter and provided feedback.

Conclusions/Discussion:

Overall 90% of the students indicated the scenario design, supporting documents, and standardized parent portrayals were realistic. The learners felt this was a valuable learning experience allowing them the opportunity to work with other providers and parents and to receive feedback. On post-encounter surveys, students listed several key learning points learned from the exercise.

P36

Implementing and Administering a Combined Clerkship Standardized Patient Activity on Women's Health

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Diane Ferguson, Audrey Ortega, Kenton Coker. HEB Clinical Skills Center, University of TX Health Science Center at San Antonio.

Introduction:

Traditional medical student clerkships reinforce the discipline specific silo structure. Although our School of Medicine is undergoing curriculum reform, silos still exist for now. To encourage holistic thinking and demonstrate interdisciplinary working relationships, the Obstetrics/Gynecology (OB/Gyn) and Psychiatry clerkship directors (CDs) came together to develop a standardized patient (SP) activity focused on Women's Health issues.

Project Description:

Eight scenarios were developed that were unique to the students' SP experiences within our curriculum. Scenarios were based on one or both of the CDs clinical experiences. Four scenarios are chosen for the combined clerkship groups and administered every three months. Students have 15 minutes with the SP(s), 10 minutes to write up a biopsychosocial profile, and 5 minutes for verbal feedback from the SPs. The exercise is not scored, but a mandatory debriefing is held immediately after all students have completed their scenarios (n= 56-60 students). The debriefing is lead by the clerkship directors.

Outcomes:

During each debriefing session, the clerkship directors ask the students what they heard, saw, and felt during each SP encounter. Students indicate that they appreciate the feedback from the SPs and the immediate debriefing. SP program staff and the participating SPs are invited to attend. Data is being gathered from each group of students.

Conclusions/Discussion:

For the SP program, the work revolves around finding 16-20 women available to participate and willing to perform emotionally difficult cases, verbal feedback training, and moulage. Cases include post-partum depression, complaint of PMS to mask partner violence, and anxiety in the setting of ovarian cancer. This poster will present the planning and administration of this activity from the student, faculty, and SP educator perspectives incorporating what we have learned to date, the qualitative data collected, and the interesting aspects of using SPs at the clerkship level.

P37

Standardized Patients and Second Life: An Innovative Approach to Interprofessional Team Based Learning

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Pamela Rock,¹ Sharla King,¹ Patricia Boechler,² Erik deJong,² Ewa Wasniewski,² Eleni Stroulia,³ Dave Chodos,³ Michael Carbonaro². ¹Health Sciences Education & Research Commons, University of Alberta, ²Department of Educational Psychology, University of Alberta, ³Department of Computing Science, University of Alberta.

Introduction:

Standardized Patient (SP) experiences contribute to team based learning in our Interprofessional (IP) course. A case-based process-learning format is used for teams of interprofessional students to learn team process skills that are tied to four core interprofessional competencies: communication, collaboration, role clarification and reflection. The students work on specific skills within these competencies, such as team roles, giving and receiving feedback, conflict resolution and shared decision making. Standardized Patients are incorporated into the programming to facilitate experiential learning.

Project Description:

To facilitate access to SP sessions for off-campus students, our program was asked to participate in a project led by researchers in Health Science, Educational Psychology and Computing Science to deliver a standardized patient IP team based encounter utilizing a virtual world application, Second Life. Second Life is a desktop client-based, three-dimensional environment that uses an avatar to represent the user in the environment. By moving the avatar around in the virtual world spaces, the user can engage with other users in real-time. For this project, the project team created and tested a virtual environment for the delivery of a mock patient interview session. With the guidance of a facilitator and the use of standardized patients, students enacted a patient intake conference and a discharge conference within Second Life. The application was piloted with students who were already utilizing technology as a delivery mechanism for some of their course materials.

Outcomes:

This presentation will describe the process and challenges of incorporating the performance of a standardized patient into a virtual world environment. This will include identification of the skill set required by the SP, recruitment and training of the SPs, collaboration with the research team, and managing the technology and equipment issues.

Conclusions/Discussion:

We encountered a combination of technical and procedural issues and the utilization of Standardized Patients experienced with SP methodology, familiar to the role and gaming experience proved to be beneficial. The development and implementation of additional procedures for use of the technologies for each of the participants within the course will assist in reducing many of the problems we experienced.

P38

Teaching Emotion Science Research To Enhance Student Interviewing and Communication Skills

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Terry M Sommer,¹ Erica S Friedman,¹ Joanne M Hojsak¹. ¹The Morschand Center, Mount Sinai School of Medicine, ²The Morschand Center, Mount Sinai School of Medicine, ³Pediatrics Critical Care, Mount Sinai School of Medicine.

Overview:

Our institution devised a unique two-hour module to help first year students both *notice* and *ask* patients about their non-verbal presentations of emotional distress. We structured the workshop around missed opportunities for obtaining maximally relevant information from a withholding patient.

Six SP-Facilitators led two small group sessions of 12 first year students. Didactic content included a crash course on “emotional education,” including the seven facial expressions determined by emotion researcher Paul Ekman to be biologically hardwired, and universally expressed and understood.

Experiential exercises used an SP and a faculty preceptor to perform a scripted, rehearsed encounter in which a caring but distracted clinician missed signs that the patient was uncomfortable and withholding information in response to sexual history questions.

Facilitators asked students to identify the feelings expressed by the patient including her “incongruent” communications, suggest ways to improve the physician’s approach and elicit withheld information. The encounter was “rewound” and students were encouraged to step in as the clinician and employ the group’s suggestions.

The Dean supported our objectives and agreed to precept and play the role of the “unskillful” clinician for a small group.

In student feedback surveys 52% of students rated the effectiveness of the module as very good and 23% as superior.

Rationale:

Our students are well prepared to gather requisite patient information and communicate with the vanilla patient who is not withholding information. They do not, however, receive tools to articulate and respond to the non-verbal emotional communications patients express to them in the interview.

The TMC directors and ASM I course director created a module intended to begin a process of “emotional education” early in medical school, to underline the importance of not only gathering information, but reading the emotional presentation of the patient, and appreciating it as a source of potentially significant, additional “information.”

Objectives:

Attendees will be provided with the details of this student-SP teaching activity and consider the wins and lessons learned at one SP center attempting to:

- a) enhance student fluency in detecting and discussing patients’ emotional communications
- b) use faculty as actors to demonstrate the “wrong” way.

Intended Discussion Questions:

1. Do other institutions teach/evaluate student ability to “read” the patient’s emotional state in order to maximize understanding of the patient?
2. If so, how do you teach/evaluate these skills (in CSA?) and how do the students do?
3. How willing would your faculty be to teach this and how able do you think they are to participate in this kind of session?
4. How could you incorporate something like this into the teaching and assessment at your institution?
5. How important do you think these skills are?

Reference List:

Ekman, Paul (2007) Emotions revealed : recognizing faces and feelings to improve communication and emotional life. New York: Henry Holt and Co.

Ekman, Paul (2006) Darwin and facial expression : a century of research in review. Malor Books.

Ekman, Paul, Friesen, Wallace V., (2003) Unmasking the Face: A Guide to Recognizing Emotions From Facial Expressions. Malor Books.

Paul Ekman’s website: www.paulekman.com.

Goffman, Erving (1959) The presentation of self in everyday life. Garden City, NY: Anchor Books.

P39

Assessing Pharmacy Student Counseling Skills on Sensitive Topics Using OSCEs

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Kelly L Scolaro,¹ Donald J Woodyard,² Melissa M Dinkins¹. ¹School of Pharmacy, University of North Carolina, ²School of Medicine, University of North Carolina.

Introduction:

To evaluate students' confidence and ability to counsel patients on sensitive topics using Objective Structured Clinical Examinations (OSCE) and an online survey.

Project Description:

First year students are introduced to patient counseling as part of the pharmaceutical care lab (PCL). Spanning five semesters, the PCL curriculum offers several opportunities for students to learn and practice difficult communications, including counseling on sensitive topics such as sexually transmitted diseases (STDs) and cancer. Students' ability to counsel on sensitive topics is assessed in an OSCE during the fall of the third year. The OSCE experience consists of seven cases: four standard medication counseling cases and three sensitive topic cases. The first of these sensitive cases addresses condom use for prevention of sexually transmitted diseases. The second case involves counseling a patient with newly diagnosed HIV. The third case involves a patient with end-stage breast cancer. As a follow up, an online survey will be administered to the third year class in April 2010 to assess their comfort level with counseling patients on sensitive topics.

Outcomes:

The mean OSCE scores (n=144) on the three sensitive topic cases were: 85.3%, 74.9%, and 80.8%. The scores on the sensitive topic cases were significantly lower ($p=0.03$) than the scores on the non-sensitive topic cases, which were: 88.3%, 88.5%, 92.7%, and 86.1%.

Conclusions/Discussion:

Based on the OSCE score data, more education and practice may be needed to improve student performance when counseling patients on topics of a sensitive nature. The survey results will show student confidence with this skill.

P40

Using Standardized Patients To Inform and Improve the Practice of Pediatric Chaplains

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Grace Gephardt, Del Farris, PULSE Center of Pastoral Care, Arkansas Children's Hospital.

Introduction:

During Clinical Pastoral Education (CPE), chaplains verbally review patient interactions with their supervisors as a way to learn and grow in providing effective pastoral care. For chaplains working with children and their families, these methods have been useful, but not comprehensive. In 2007, the Pediatric Chaplains Network (PCN) received a major grant to develop a national educational and training opportunity for chaplains who minister in pediatric settings, which became the Pediatric Chaplains Institute (PCI). The PCN Advisory Council wanted to incorporate a practical learning experience into the curriculum to complement presentation-oriented components of the training. To accomplish this goal, scenarios using standardized patients were created that reflected typical and challenging situations chaplains in pediatric settings often encounter.

Project Description:

Six modules of instruction were created: Spiritual Needs and Assessment, Age-Specific Competencies, Child Abuse & Neglect, Medical Ethics, End-of-Life & Bereavement, and Staff Care & Self Care. Class size for each PCI was limited to a maximum of 12 participants to facilitate small group learning around three teams of four participants. Four SP scenarios were developed to support the teaching objectives covered in the modules. Each scenario was to be conducted simultaneously with one participant from each of the three groups, meaning each participant would be the learner in one scenario and be a co-debriefer along with faculty for three scenarios. To facilitate this plan, the simulation center needed to recruit three different sets of SPs for each scenario for a total of twelve (12) different sets of SPs.

Outcomes:

Over 40 chaplains from 26 different institutions in 16 states and British Columbia, Canada have attended the PCI. Initial response and feedback from participants has rated the simulation experience as the highlight of the training, meeting the immediate goals of enhancing the learning experience for participants.

Conclusions/Discussion:

The PCI has now completed four trainings, and together with the simulation center a survey of all past participants is planned for January 2011. Surveys will seek to discover how the PCI has affected the chaplain's practice of ministry, with particular focus on the simulation experience. A separate survey of participants' immediate supervisors is also being considered.

P41

Development of High-Stakes Patient-Centered Care OSCE

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Kimberly Hoffman, Melissa Griggs, Carla Dyer, Dena Higbee. Office of Medical Education, University of Missouri-School of Medicine.

Introduction:

Competencies such as communication and collaboration are challenging to assess with traditional evaluation practices. This poster highlights our unique efforts to align our evaluation strategies and educational mission and develop a Patient-Centered Care Objective Structured Clinical Examination (PCC-OSCE).

Project Description:

We developed PCC behavioral descriptors through focus groups with patients, faculty, and students. We incorporated these descriptors into standardized patient (SP) encounters to assess communication, shared decision-making, and collaboration with family members and health care providers. Time allotted to each case varied with case complexity and sometimes students were returned to see the same patient. Students had to go beyond the general history and physical and effectively communicate and collaborate with physicians, patients, family members, and other healthcare providers involved in the patient's care, then document the encounter. Students were evaluated on their communication and collaboration skills by faculty and received feedback from SPs. Videos of the encounter were available for student self-reflection. Four cases with 13 volunteer students were piloted in 2009. In April 2010, 89 third-year students received formative feedback on their performance. Authors made refinements to the cases and assessments after each administration. Video review of student questions prompted further enhancements to the SP training materials. The PCC-OSCE is a graduation requirement for the class of 2012.

Outcomes:

2009 students appreciated the authenticity and agreed the exam assessed their ability to provide PCC. 2010 formative assessment indicated face validity for faculty. All parts of the assessment form were used. 37 of 356 student encounters were rated as exemplary. 79% of students felt the exam assessed their ability to deliver PCC; 58% felt rushed within the examination. Challenges noted: extensive faculty time required for case development and grading; variations in SP encounters given large number of SPs used; logistics associated with complex scenarios.

Conclusions/Discussion:

PCC-OSCE evaluates student characteristics difficult to evaluate through traditional assessment measures. Principles may be generalized to other institutions focusing on patient-centered care.

P42

Delivering Bad News in a Realistic Setting for Second Year Medical Students

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Sue M Sadauskas, Kendall Wallace. Office of Medical Education, The University of Kansas.

Introduction:

To set up a realistic encounter for medical students when delivering bad news. Students saw the same Standardized Patient (SP) in a two part follow up encounter. We shorten the time between when part one ended and part two began to allow for a more succinct experience. The feedback was consistent with the student seeing the same SP for both parts.

Project Description:

This event was designed for second year medical students. Students were matched up with the same SP for the initial and follow up encounter of Barney Smith. Barney initially presents with back pain. Students are given 20 minutes to take a health history and perform a focused physical exam. Following this encounter students receive feedback from the SP. Students were then required to fill out a satisfaction questionnaire regarding this experience in the lab.

After their Problem Based Learning (PBL) students return for a follow-up SP encounter. For Barney Smith part two students have 10 minutes to go over lab results from Mr. Smith's initial visit. The results show Mr. Smith's back pain is due to compression fracture from multiple myeloma and students are tasked with delivering this bad news. Students again receive feedback from the SP. Students were then required to fill out a satisfaction questionnaire regarding this experience in the lab.

Outcomes:

According to the student surveys 94% found it helpful to see the same Barney Smith for both parts especially to deliver bad news. This was based on a student count of 180.

Conclusions/Discussion:

We concluded that students valued the continuity of seeing the same SP for both Barney Smith encounters. It provided a more personal interaction when dealing with patients with a life-threatening illness. Being familiar with the same SP made delivering the bad news less awkward.

Based on feedback from faculty, Barney Smith part three was recently developed for third year medical students. In this encounter it's been 5 years since Barney's cancer was diagnosed and he is failing to thrive. Students are tasked to address his end of life issues. We are currently generating statistical data to determine how all three Barney's correlate.

P43

Development of Assessment and Feedback Skills for Clinical Faculty through Participation in an Integrated Standardized Patient Examination

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Amber A Hansel,² Carol A Recker-Hughes,¹ Janice Lazarski,³ Jill Dungey,¹ Susan Miller¹. ¹Physical Therapy Education, Upstate Medical University, ²Standardized Patient Program, Upstate Medical University, ³Physical Medicine and Rehabilitation, University Hospital.

Introduction:

Ongoing student assessment is a critical component of effective clinical instruction; however Clinical Instructors (CIs) may lack competence and confidence in providing student feedback. Although these skills may be delivered as part of a professional development course, CIs rarely have the opportunity to implement them in an authentic setting. For this reason we developed a five-part continuing education program for CIs that included participation in an Integrated Standardized Patient Examination (ISPE) for Doctor of Physical Therapy students. The ISPE is a comprehensive assessment of student competencies that takes place during a student-standardized patient (SP) examination.

Project Description:

This course was designed to assist CIs in developing essential assessment and feedback skills. Training sessions included strategies for providing feedback, eliciting student reflection, and promoting clinical decision making. CIs viewed pre-recorded student-SP interactions, after which CIs role played providing feedback and questioning to facilitate student reflection and clinical decision making.

CIs remotely observed the ISPE encounter, then engaged with the student in a clinical decision making question and answer session, completed a checklist, and provided the student with feedback. CI/student interactions were video recorded. Students completed a written questionnaire on the CIs' performances and also self-assessed.

CIs reviewed the videos of their student interactions and, at the final training session, debriefed with the course instructors. CIs provided feedback on the experience in small groups and completed a course evaluation, including how they intend to modify future interactions with students in the clinic.

Outcomes:

Feedback was overwhelmingly positive. CIs included comments on the course material quality and the meaningful interactions between faculty/students/CIs. They appreciated the strategies introduced for promoting student and CI decision making and reflection.

Student feedback included comments on giving/accepting constructive criticism, appreciation of immediate feedback, and the opportunity to verbalize their rationale with the CIs.

Conclusions/Discussion:

CIs facilitated students' reflections and promoted problem solving in the interactions after the ISPE in a manner which is not possible in a traditional examination format.

Feedback indicates this faculty development course, utilizing authentic learning experiences/simulation, provided opportunities to strengthen teaching skills of the CIs while simultaneously strengthening the students' experience with the ISPE.

Reference List:

Stone, Sarah , Mazor, Kathleen , Devaney-O’Neil, Sarah , Starr, Susan , Ferguson, Warren , Wellman, Scott , Jacobson, Eric , Hatem, David S. and Quirk, Mark(2003) ‘Development and Implementation of an Objective Structured Teaching Exercise (OSTE) to Evaluate Improvement in Feedback Skills Following a Faculty Development Workshop’, *Teaching and Learning in Medicine*, 15: 1, 7 — 13.

Panzarella K., Manyon A, Using the Integrated Standardized Patient Examination to Assess Clinical Competence in Physical Therapy Students, *Journal of Physical Therapy Education*. 2008; 22(3): 24-32.

Morrren KK, Gordon SP, Sawyer BA. The relationship between clinical instructor characteristics and student perceptions of clinical instructor effectiveness. *Journal of Physical Therapy Education*. 2008; 22(3): 52-63.

Recker-Hughes C, Pivko S, Mowder JJ, Brooks G. Clinical Instructors’ Self-Perception of Competence in Teaching Core Content Areas of Curriculum to Professional DPT Students: Implications for Academic Programs, *Journal of Physical Therapy Education*. 2008; 22(2): 51-59.

P44

Rolling out Mobile Simulation to Rural Communities

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Dena Higbee, Faith Phillips, Kathleen Quinn. University of Missouri-School of Medicine.

Introduction:

Medical simulation has historically been a cost prohibitive, but very effective method of learning. Rural healthcare entities are often limited by budgetary constraints that prohibit healthcare education providers from obtaining the sophisticated training equipment. Since interdisciplinary healthcare team training is essential in improving patient safety and satisfaction, we are broadening the training opportunities by creating a Mobile Simulation Service (MSS).

The MSS, in collaboration with three regional centers, will provide services to the northwest corner, central and west central areas of the state at no cost. Additional areas will have access to these services for a nominal fee.

Project Description:

The mission of the MSS will be to use a broad range of simulation methods to educate students and health care professionals to provide effective patient-centered care. Our simulation and standardized patient (SP) encounters provide structured practice in a safe environment with a focus on: 1) the health, safety and satisfaction of our patients; 2) clinical knowledge and decision-making; 3) communication and teamwork skills; 4) situation awareness, mindfulness and ethical behavior; 5) professionalism, compassion and respect; 6) and the provision of high-quality, effective care. The delivery of hands-on education to a continuum of health care learners and professionals is ever evolving. Learners have the opportunity to practice high-risk, low-volume patient events in a controlled, safe environment which leads to better patient outcomes.

Outcomes:

Healthcare literacy encounters using SPs will help the providers to better understand how to communicate with their patient population in lay terms with the goal of creating better patient compliance. In addition, SP encounters to enhance the training of providers in the techniques of Screening, Brief Intervention, Referral and Treatment (SBIRT) for alcohol, smoking and drug use will be offered to these rural communities.

Conclusions/Discussion:

The American Recovery and Investment Act of 2009 (ARRA) allows the development of a MSS to address training needs in the rural areas of the state. The MSS will have a significant impact on health professions recruitment and workforce development, plus improve quality of health care for rural citizens. Continuing education credits for providers will be obtained for all structured curriculum.

P45

Cytology 101: Utilizing GTAs and Pelvic Simulators To Review Specimen Collection Skills and Techniques

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Romy Vargas. Training & Assessment of Professional Skills, Tulane School of Medicine.

Introduction:

Gynecological teaching sessions have been in practice for many years. Utilizing the model of Instruction/ Application/ Feedback, learners are able to learn the basic clinical and communication skills necessary to properly perform the breast and pelvic exams at the start of their OB-GYN clinical rotations. One challenge has been to review cytology collection techniques without actually performing them on the Gynecological Teaching Associate (GTA) as repeated applications of these tests would cause discomfort and potentially harm the GTA.

Project Description:

Working with faculty, we developed a protocol that utilizes the experience and skills of our GTAs, as well as the hands on availability of our “Zoë” pelvic simulator. Although we continue to review cytology skills during GTA sessions at the beginning of each clerkship block, having a mid-block review at our simulation center using the pelvic simulator allows the learners to practice these skills “hands on” in a safe and instructive environment. The GTAs work with groups of 3 learners in a 1.5 hour session, allowing for individual instruction, review of the protocols and feedback on techniques.

Outcomes:

After each session, learners fill out a course evaluation. The evaluation asks learners to:

1. Rate their clinical skills prior to the training session.
2. Rate their clinical skills after completion of the training session.
3. Rate the GTA on her knowledge and abilities.
4. Rate the overall value of the training session.

Conclusions/Discussion:

Learners state an overall improvement of clinical skills and confidence after working with GTAs and the Zoë pelvic simulator. Learners also find the Instruction/ Application/ Feedback model valuable, as most patients in a clinical setting do not provide immediate feedback. Since learners’ clinical experiences often vary with each clinic or attending physician, utilizing this training model ensures that course objectives are consistently met.

P46

Feedback on Clinical Skills (FCS): A Centralized, Formative Assessment of Medical Students' Advanced Clinical Skills

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Carrie K Bernat, Jennifer Christner. Office of Medical Student Education, University of Michigan Medical School.

Introduction:

There is a preponderance of literature questioning both the quality and quantity of direct observation of medical students coupled with feedback and assessment during the clinical clerkships. We implemented a program to provide third year medical students formative feedback on their clinical competence called: Feedback on Clinical Skills (FCS). The goals of FCS are to provide students with direct observation and immediate feedback on their clinical skills.

Project Description:

FCS is a multi-step exercise designed to assess each third year medical student's ability to work through a patient case using advanced cognitive, clinical and communication skills. Each student conducts a history and physical exam with an SP followed by ordering laboratory tests, writing a note, a self-assessment and an oral case presentation. The entire interaction is observed by a faculty preceptor. Students receive formative feedback from both the SP and the faculty. The experience ends with students writing a learning plan based on self-assessment and feedback received. Students complete two of these encounters during their third year of medical school.

Outcomes:

Student feedback about the usefulness and the quality of this exercise has been overwhelmingly positive.

FCS Curriculum Evaluation Data

Question (5 point scale: 1=Strongly Disagree to 5=Strongly Agree):	2008-2009	2009-2010
There are clear connections between the tasks in this exercise and what is expected of me on the clerkships.	4.38 (0.69, 160)	4.37 (0.60, 168)
Feedback from the faculty member was valuable in helping me understand and address strengths and weaknesses in my clinical skills.	4.46 (0.64, 160)	4.67 (0.62, 166)
Feedback from the SPI was valuable in helping me understand and address strengths and weaknesses in my communication skills.	4.30 (0.79, 159)	4.39 (0.73, 168)
The learning plan I developed at the end of the exercise is a useful tool for helping me improve my clinical skills on the clerkships.	4.08 (0.82, 160)	4.22 (0.72, 167)

Conclusions/Discussion:

Through the FCS, we have provided our third year students with two discrete opportunities to be directly observed and receive feedback on their clinical skills. Students find this experience to be valuable related to the development of both their clinical and communication skills.

Reference List:

Howley LD, Wilson WG. (2004). Direct Observation of Students during Clerkship Rotations: A Multiyear Descriptive Study. Academic Medicine, 79(3), pp. 276-280.

Holmboe, ES. (2004). Faculty and the Observation of Trainees' Clinical Skills: Problems and Opportunities. Academic Medicine, 79(1), pp. 16-22.

P47

Using Clinical Skills Centers To Promote Careers in Healthcare to Disadvantaged Student Populations

Sunday, June 5, 2011

5:30 PM - 7:30 PM

Intended Audience: All Audiences

Tamara L Owens, Marcy Hamburger. Clinical Skills & Simulation Center, Howard University, Surgical & Clinical Skills Center, University of Texas Medical School at Houston.

Introduction:

Clinical Skills Centers have a wide range of usability and functionality. However, using them to promote healthcare careers is still under tapped. The Summer Medical and Dental Education Program (SMDEP) and Joint Admissions Medical Program (JAMP) have tapped into this resource and found that Clinical Skills Centers are optimal for promoting healthcare careers to students who are less likely to apply. This demographic of students perhaps have the academic background but do not possess the financial support or emotional support to pursue these careers. SMDEP and JAMP's goal is to encourage highly qualified, economically disadvantaged students to pursue careers in medicine and dentistry. The program's curriculum exposes students to educational training, available resources, and mentorship. Clinical Skill Centers are integrated in the educational training portion of the curriculum providing students with an immersion experience.

Project Description:

The curriculum goal for the immersion session is to allow students to actively practice for their potential career. Clinical Skill Centers allow students to engage in activities to see what it would be like to be a doctor or dentist. The session format is to provide students with:

- an overview of the Clinical Skills Center
- an introduction to standardized patients
- an introduction to taking a medical and dental history
- an introduction to disease recognition using moulage
- hands on practice interviewing a standardized patient

After the session, students will debrief on their experience.

Outcomes:

Students who participated in SMDEP and JAMP evaluated the clinical skills experience highly. Students who completed the programs had increased motivation to pursue these careers. Evaluation data pre and post clinical skills will be presented as well as data of the students who proceeded with application and acceptance to a medical or dental school.

Conclusions/Discussion:

Clinical Skills Centers provides active learning to a generation of students who learn and retain by interaction. These experiences allow them to visualize a real possibility. Programs such as SMDEP and JAMP only reach a small percentage of disadvantaged potential healthcare students. Further discussion is needed on how to maximize the Clinical Skills immersion experience to promote healthcare professions in the area of nursing, physician assistant, pharmacy, etc.

Detailed Daily Schedule

Monday, June 6, 2011

7:00am – 7:45am	Special Interest Group (SIG) Informational Meetings <ul style="list-style-type: none">• Hybrid Simulation• GTA/MUTA	<i>Robertson Donelson</i>
7:00am – 7:45am	Continental Breakfast	<i>Boone/Crockett</i>
7:00am – 12:30pm	Exhibits Open	<i>Armstrong I and II</i>
7:45am – 8:00am	Poster Session Awards and Announcements	<i>Boone/Crockett</i>
8:00am – 9:00am	Plenary Session Standardized Patients: The First-and Second-Half Centuries <i>Ann King, MA Assessment Scientist, National Board of Medical Examiners</i>	<i>Boone/Crockett</i>
9:00am – 9:15am	Break	
9:15am – 12:30pm	Breakouts	
9:15am – 10:45am	PD 1 Knowledge, Skills and Attitude – Time for Integration? Presenter: Jackie Beavan	<i>McKissick I</i>
9:15am – 10:45am	PD 2 Integrating Online Training into Your SP Training Curriculum Presenters: Angela Blood and Kris Slawinski	<i>McKissack II</i>
9:15am – 10:45am	PD 3 An SP Certificate Course – One Year Later Presenters: Dawn M Schocken, Martha Lakis, Tara Zimmerman and Stephen Charles	<i>McKissack III</i>
9:15am – 11:15am	W 1 Standardized Patient Program: The Essentials for Beginners Presenters: Education & Professional Development Committee - Connie Corralli, Jonathan Macias, Romy Kittrell Vargas, Carrie Bohnert, Amy Smith, Anca Stefan, Anna Howle, and Patty Bell	<i>Ryman I</i>
9:15am – 11:15am	W 2 Efficiency and Quality Assurance: Getting Your New SPs to the One-Hour Training Presenter: Ralitsa B Akins	<i>Ryman II</i>

9:15am – 11:15am	W 3 Let's Talk about Sex: Developing Sexual History Interview Skills through Interactive Education Presenter: Kat Wentworth	Ryman III
11:00am – 12:30pm	PD 4 Bridging the Basic and Clinical Sciences with Standardized Patient Encounters Presenters: Carla Dyer and Dena Higbee	McKissack I
11:00am – 12:30pm	PD 5 New Revenue through New Media Presenters: Cameron J MacLennan, Joanne E O'Reilly, Patrick J Walker and Gayle A Gliva-McConvey	McKissack II
11:00am – 12:30pm	PD 6 What Are the Roles and Responsibilities of SPs in Delivering Feedback to Students? Presenters: Carine Layat Burn and Sibylle Matt	McKissack III
11:30am – 12:30pm	TT 1 Transforming the Feedback Conversation into Individualized Learning Plans for Learners Presenter: Carrie K Bernat	Ryman I
11:30am – 12:30pm	TT 2 An Innovative Training Program To Prepare Standardized Patients To Score OSCEs with Increased Inter-Rater Reliability Presenter: Debra A Danforth	Ryman II
11:30am – 12:30pm	TT 3 The “Gut Bucket”: A Novel SP Training Tool Presenters: Karen L Delaney-Laupacis and Kerri Weir	Ryman III
12:30pm – 1:30pm	ASPE Educator of the Year Award & Lunch	Boone/Crockett
1:30pm – 1:45pm	Break	
1:30pm – 6:15pm	Exhibits Open	Armstrong I and II
1:45pm – 6:15pm	Breakouts	
1:45pm – 3:45pm	Research Presentations	Boone/Crockett
	R1 Survey of Student Valuation of Standardized Patient Based Office-Emergencies Training Presenters: Ezra Cohen and MacLean Zehler	

1:45pm – 3:45pm	Research Presentations	<i>Boone/Crockett</i>
	R2	
	Inter-Rater Reliability of SPs in Evaluating Technical Skills of Peripheral (IV), Ultrasound Guided (USIV), and Intraosseous (IO) Vascular Access	
	Presenters: Karen L Lewis, Kanika Gupta, Jennifer L Owens, Meghan L Semiao, Colleen Roche, Benjamin C Blatt, Carla Pierreck de Sa and Claudia U Ranniger	
	R3	
	Psychiatric Nursing Research: Using Standardized Patients To Teach Communication Skills	
	Presenters: Debra Webster, Laurie Rockelli and Lisa Seldomridge	
	R4	
	Comparing Empathy and Moral Reasoning across Differing Intensities of Clinical Encounters	
	Presenters: Stephen D Laird, David D Patterson, Susan A Coon, Chris S Lindley, Melanie J Davis and John H George	
	R5	
	Assessing Unannounced Standardized Patients' Accuracy in Real Practice Compared with SP Accuracy in a Clinical Performance Center	
	Presenters: Amy Binns-Calvey, Rachel Yudkowsky, Saul Weiner, Franki Dolley, Jonnie Brown, and Alan Schwartz	
1:45pm – 3:45pm	W4	<i>Ryman II</i>
	Finding Your Way through the GTA/MUTA Maze: a Hands on Approach to Learning the Essentials of an Exceptional Patient Educator Program	
	Presenters: Isle M Polonko, Scott George, Liz Ohle, Kat Wentworth, Romy Vargas and Marcy Hamburger	
1:45pm – 3:45pm	W5	<i>McKissack I</i>
	Helping Faculty (and You!) Better Understand Your Standardized Patient Program	
	Presenter: Amy Page	
1:45pm – 3:45pm	W6	<i>McKissack II</i>
	SP as Coach: The Art and Science of Giving Verbal Feedback	
	Presenter: Carol A Pfeiffer	
1:45pm – 3:15pm	PD7	<i>Ryman I</i>
	What You Need To Know about Accreditation of Simulation and Standardized Patient Programs	
	Presenters: Janice C Palaganas, Nancy Heine, Karen Reynolds and Tom LeMaster	

1:45pm – 3:15pm	PD8 Using Simulation and TeamSTEPPS To Teach Inter-Professional Teamwork Presenters: Donald J Woodyard, James W Barrick and Cherri D Hobgood	Ryman III
3:30pm – 5:00pm	PD9 Accreditation of SPs and SP Educators in the UK – Musings and Update Presenter: Frank M Coffey	Ryman I
4:00pm – 5:30pm	PD10 The Good, the Bad and the WHAT? Identifying the Upsides and Downsides of Multiple Instructional Methods Utilizing GTAs and MUTAs To Determine the Most Effective Methodology for Your Program Presenters; Scott W George and Isle M Polonko	Ryman II
4:00pm – 5:30pm	PD11 The Pros and Cons of Using Social Media Tools for Standardized Patient Programs Presenters: Jamie Pitt, Marcy Hamburger, Don Montrey, Jim Power and Jennie Struijk	McKissack II
4:00pm – 6:00pm	W7 Empowered Negotiation: Having the Evidence You Need To Say “Yes” or “No” to an SP Event Presenters: Connie B Perren and Karen A Szauter	McKissack III
4:00pm – 6:00pm	W8 Simulation Center/Program Strategic Planning Presenter: Ralitsa B Akins	McKissack I
5:15pm – 6:15pm	TT4 Utilizing Standardized Patients To Heighten House Staff’s Awareness of Hand Hygiene Guidelines Presenters: Sarah Middlemas, Diane Radlowski and Monica Lypson	Ryman I
5:15pm – 6:15pm	PD12 Managing External Client Relations and Billing Outside Clients Presenter: Jacqueline M DeCoursey	Ryman II
7:00pm	Dinner On Your Own and/or Dine-Arounds	

Standardized Patients: The First-and Second-Half Centuries

Ann King, MA
Assessment Scientist
National Board of Medical Examiners

Ann King is an Assessment Scientist in the Measurement Consulting Services unit at the National Board of Medical Examiners. Her current activities include teaching medical school faculty to develop better assessment tools; conducting research and development on the assessment instruments used in the clinical skills arena; and improving the understanding of clinical decision making. Previously, Ann was responsible for the test development unit that launched the United States Medical Licensing Exam, Step 2 Clinical Skills Exam in 2004. Ann has more than twenty-five years in the field of clinical skills assessment including 22 years at the NBME. Currently Ann is the co-director of the FAME (Fundamentals of Assessment in Medical Education) Course. She has also mentored leaders in medical education at more than 100 medical schools in the United States and abroad. She has published and presented extensively on high stakes assessments using standardized patients. In 2005 Ann received the Outstanding Educator Award from the Association of Standardized Patients of which she is a founder.

PD1

McKissack I

Knowledge, Skills and Attitude – Time for Integration?

Monday, June 6, 2011

9:15 AM - 10:45 AM

Intended Audience: All Audiences

Jackie Beavan. Primary Care Clinical Sciences, University of Birmingham.

Overview:

This session explores the complex relationship between achieving the clinical task, communicating effectively and demonstrating professional (ethical) behaviour. It also refers to the detection of poor performance.

Rationale:

The educational trend towards integrated learning, with case-based and problem-based learning is accelerating in undergraduate and postgraduate teaching and high stakes assessment. This discussion considers the relationship between a learner/candidate's knowledge (ie medical 'expertise', including practical clinical skill), their ability to appropriately transmit/communicate that information (or put it into practice), and their underlying professional attitudes. Live stations with simulation are good for identifying performance range and developmental need. This leads to the issue of managing and scoring poor performance. The question of whether different components of clinical practice (including management and practical technique) can, or should be assessed independently of each other will be explored in some detail, from the perspective of a multi-disciplinary educational team. Practical technique and communication are traditionally taught separately, but there is a strong case for taking the opportunity for early integration via human simulation. According to Ellaway et al (2009) greater integration can 'improve contextualisation, better management of the transition from individual simulation to clinical practice and provide wider opportunities to synthesise skills and approaches to practice.'

Objectives:

Participants will have the opportunity to learn about developments in The UK, reflect on and share their own practices, and critique the advantages and disadvantages of integrated teaching and assessment.

Simulated and standardized patients are engaged worldwide in both clinical skills and communication skills training and assessment, so the question of integrating these fields is key. This topic is regularly raised informally at educational symposia, but less frequently seen as a keynote topic. A group objective would be a blueprint for good practice.

Intended Discussion Questions:

As well as considering where different skills can be taught and tested together, the presentation will touch on the identification of poor performance in simulated/standardized patient encounters. At what point do we say a clinically competent student with poor interpersonal skills should encounter a progression bar? Are our current teaching and testing strategies valid, and defensible?

Session Format/Activities:

Plenary, video clip, discussion, debate.

PD2

McKissack II

Integrating Online Training into Your SP Training Curriculum

Monday, June 6, 2011

9:15 AM - 10:45 AM

Intended Audience: All Audiences

Angela Blood, Kris Slawinski. University of Chicago Simulation Center, University of Chicago.

Overview:

As Standardized Patient (SP) Educators, we all care sincerely about the quality of programming, the efficacy of training methods, and SP satisfaction. However, at times resource constraints such as lack of funding, time, and staff can detract from our ability to realize our goals and execute all our innovative ideas. Some schools facing these challenges have independently arrived at the same outcome: the thoughtful integration of online training options into traditional training curriculum. It was important that technology not be used indiscriminately, but with forethought and planning. The use of technology allowed the institutions to provide SPs with new learning resources to achieve the same quality objectives that traditional training curriculum had. Awareness of technological innovation in medical education and its utilization when appropriate allows SP Educators to contribute to the advancement of our field.

Rationale:

In an effort to achieve the highest possible standard in SP training curriculum, a careful analysis of formal and informal survey data was conducted to assess the overall health of the SP training program. Results revealed that in general trainings were highly rated, but there were some areas that would benefit from attention. Online training modules were developed to address these areas and augment but not replace face-to-face training. Taking into account SP resources, motivational factors, working styles, and levels of experience, SP Educators were able to capitalize on emerging technologies while retaining the integrity of each program as a whole.

Online training can be tailored to the specific needs of any institution while taking resource availability into account. The wide spectrum of possibility can be as straightforward as posting case materials or as elaborate as creating video content and supplemental curriculum. An overview of two established online training sites and alternative software programs will be presented, along with a step-by-step guide to implementation of online training.

Objectives:

Share outcomes, benefits, and challenges of integration of online training

Expose SP Educators to emerging technology

Guide a philosophical discussion about the use of technology in SP training

Lead small group discussion to generate solutions to shared challenges.

Intended Discussion Questions:

What did the institutions create? How do the training sites work? Is there a change in SP Program culture?

What steps, resources, and skills are needed to create video content from start to finish?

How did the SP Educators decide when it was appropriate (and when it wasn't) to apply online training and ensure SP buy-in?

How can other SP Educators adapt online training to enhance their programs?

Can online training lead to sharing and collaboration between SP programs?

Session Format/Activities:

10 minutes: Introduction

30 minutes: Implementation

20 minutes: Large Group Discussion of Global Impact

15 minutes: Breakout Groups: Need-Specific Discussions

15 minutes: Wrap up and Q&A

Reference List:

Dahl, D. (2009). How to Choose the Right Collaboration Software. INC Magazine.

<http://www.inc.com/magazine/20090601/how-to-choose-the-right-collaboration-software.html>.

Driscoll, M., Tomiak, G.R. (2000). "Web-based training: Using technology to design adult learning experiences." Performance Improvement. Volume 39, Issue 3, pp 60-1, March.

Ruiz, J.G., Mintzker, M.J., Leipzig, R.M. (2006). "The Impact of E-Learning in Medical Education." Academic Medicine. Volume 81, Issue 3, pp 207-12, March.

PD3

McKissack III

An SP Certificate Course – One Year Later

Monday, June 6, 2011

9:15 AM - 10:45 AM

Intended Audience: All Audiences

Dawn M Schocken, Martha Lakis, Tara Zimmerman, Stephen Charles. Center for Advanced Clinical Learning, USF Health.

Overview:

Standardized patients (SPs) are used throughout healthcare curriculum to provide students an opportunity to practice clinical skills and be assessed in the clinical environment. A trained SP provides feedback to the student to enhance their understanding of patient management. The inter-reliability and validity of SP responses is core in an assessment activity validation. This presentation will review the development of a certificate program for standardized patients, and explore the results of this program one year later.

Rationale:

Extensive work, research and data support the need to have specific training programs for SPs. As each SP program is unique, this training has been done on a one-on-one, or small group basis throughout our constituency. A certificate program for SPs was developed to determine if the inter-rater reliability and validity would increase if the training was standardized, theory-based, hands on, and reflective of what SPs are generally asked to do during a case based scenario. Subsequent research on this program has demonstrated a highly trained SP cohort who are participants in the learner educational process.

Objectives:

This presentation reviews the one year results from the development of a certificate program for SP training. Discussion of the process will be covered.

At the end of this presentation, the course participant will be able to:

1. Outline four main objectives in a certificate program for SPs.
2. Demonstrate state of the art SP training offered in programs.
3. Discuss the art of feedback from SP perspective.
4. List five sessions developed in the certificate program for SPs.
5. Discuss the psychometric parameters used in measuring standardization of SP responses.
6. Demonstrate one session the course participants can implement in their SP training.
7. Outline topics of change to be incorporated into the Certificate Program for SPs.

Intended Discussion Questions:

Several questions will be introduced to encourage an open dialogue.

Question 1: How standardized are your SPs? How are the psychometric measurements gathered? Who is in charge of gathering this data? What happens to this data?

Question 2: How does the SP training in the course participant's institution address the challenges listed above?

Question 3: Does a standardized response impact a student's evaluation? If so, how?

Question 4: If training is ongoing, does the SP trainer have a program that could be a 'certificate program' already? Does an SP who has completed a certificate program imply a different status of SP?

Question 5: If an SP training program was to begin a certificate program, who certifies it? Does a certificate program impact accreditation?

Question 6: Where do we go from here?

Session Format/Activities:

The course participants will actively participate in this discussion session that will include: slide presentation, demonstration, film clips, hand outs and worksheets. Specific additional feedback will be gathered to lay the ground work for a national study of the use of a certificate program for SPs.

1. Introduction to certificate program - 10 mins. - Discussion
2. Review of certificate program objectives - 10 mins. - Small group discussion, team presentation.
3. Demonstration of state of the art SP training - 15 mins. - Role playing, demonstration.
4. Review of certificate program topics and format - 15 mins. Small group discussion, team presentation.
5. Review of certificate program results, were SPs more standardized? - 15 mins. - Presentation, Audience Response System
6. Discussion of potential collaboration - 15 mins. - Group Discussion
7. Conclusions and suggestions for future directions - 10 mins. Discussion.

W1

Ryman I

Standardized Patient Program: The Essentials for Beginners

Monday, June 6, 2011

9:15 AM - 11:15 AM

Intended Audience: Novice

Education and Professional Development Committee Members: Connie Corralli, Jonathan Macias, Romy Kittrell Vargas, Carrie Bohnert, Amy Smith, Anca Stefan, Anna Howle, Patty Bell

Overview:

Standardized Patient Program Essentials for Beginners is a workshop targeted to those just beginning a SP program or who are new to the world of SP education. Topics covered will include recruitment and hiring, a glossary of frequently used terms and acronyms, basic training techniques, creating and running an OSCE, feedback and debriefing, and resources available to ASPE members. Presenters will allow plenty of time for questions and answers.

Objectives:

By the end of the workshop, participants will be able to:

- Understand the basics of starting and running a SP Program
- Apply concepts learned during the workshop to their home institutions
- Get answers to lingering questions about SP education

Format:

Introduction – 10 minutes

Recruitment and Hiring – 15 minutes

Glossary of Terms – 10 minutes

Basic Training Techniques – 15 minutes

Break- 5 minutes

Creating and Running an OSCE – 10 minutes

Feedback and Debriefing – 15 minutes

Resources available to ASPE Members – 20 minutes

Q&A – 20 minutes

W2

Ryman II

Efficiency and Quality Assurance: Getting Your New SPs to the One-Hour Training

Monday, June 6, 2011

9:15 AM - 11:15 AM

Intended Audience: All Audiences

Ralitsa B Akins. ATACS Center, Paul L. Foster SOM, TTUHSC - El Paso.

Overview:

In a busy simulation center with multiple standardized patient encounters on a weekly basis, serving medical students (MS), residents and faculty, it is critical to maximize effective use of all resources, and specifically paid standardized patients' (SP) time. Over the last two years, we have implemented a system for bringing new SPs "up to speed" quickly, to achieve OSCE training time of 1 hour per individual case, while strictly monitoring for quality of presentation and check-list completion.

Rationale:

Maximizing return-on-investment (ROI) is becoming a critical consideration in managing simulation centers, and the expensive resource of standardized patient programs. While variety still exists in the way SPs are hired and paid, a trend is forming towards "professionalizing" the SP profession, and SPs becoming paid employees, a permanent and budgeted part of the medical education system. Therefore, effective use of minimum SP time with maximum precision in presentation and assessment is a desired quality of any SP program.

Objectives:

By the end of this workshop, the participants will be able to:

1. Describe one successful way of bringing new SPs "up-to-speed" in achieving one hour training time for any OSCE performance.
2. Prepare pertinent training materials for general and specific SP training sessions.
3. Outline SP training sessions, general and specific, to implement in their own programs.
4. Outline a quality assurance activity for SP performance.

Intended Discussion Questions:

The format and activities of the workshop are outlined below:

1. Presentation of the innovative approach - PowerPoint with Questions and Answers time; special attention to quality monitoring, assurance and improvement (30 min).
2. Presentation and discussion of example training materials, with demonstrations - normal exam general training, pathologic exam general training, specific OSCE case training (OSCE case provided), giving feedback to students - Working in small groups (45 min).
3. Development of training materials for individual programs - working in couples. A menu of tasks will be offered, and each diad can choose their topic. For example: Training SPs for first introduction of physical examination to medical students; Training SPs for MS end-of-year OSCE exam - cardio-pulmonary case, etc. Time-table for the training session will be developed as well (30 min)
4. Q&A, and exchange of ideas that surfaced during the small-group and diads work (15 min).

Handouts for the session participants will contain:

1. Example SP handbook at time of hiring
2. Example Policies and Procedures
3. Example exercise for training SPs in giving feedback
4. Example activities for general normal/abnormal physical exam training
5. Example OSCE case with all training sections completed.
6. Quality assurance example forms.

This workshop is intended to provide a "flying start" for the novices, as well as to "refine" the skills of the veterans working with standardized patients, leading to decreased training time with preserved (and possibly increased) quality of SP presentation.

W3

Ryman III

Let's Talk about Sex: Developing Sexual History Interview Skills through Interactive Education

Monday, June 6, 2011

9:15 AM - 11:15 AM

Intended Audience: All Audiences

Kat Wentworth. Project Prepare, Stanford University, University of California, San Francisco, Touro University.

Overview:

This workshop will focus on sexual history-taking skills that are essential for Standardized Patient (SP) educators to acquire, so that they can train SPs to enact scenarios and give effective feedback in the area of sexual health. Group activities allow participants to examine personal biases, experiment with asking questions about unfamiliar sexual behavior, investigate beyond the presenting complaint, and ultimately, apply these skills for the most effective patient care.

Rationale:

Medical students appreciate and benefit from the opportunity to practice risk assessment in the area of sexual health through SP encounters. Role-plays that address issues of fertility, sexually transmitted infections and sexual well-being (function and pleasure; sexual side-effects; abuse and violence) allow students to practice compassionate, non-judgmental care in a safe environment. As SP educators, examining our own feelings of unfamiliarity and discomfort with sexual health issues, prepares us to train SPs to effectively run these sessions. This workshop will introduce basic sexual history-taking methods and provide participants several opportunities to practice this important skill.

Objectives:

At the end of these sessions, participants should be able to:

1. Begin a sexual history interview by using normalizing statements and addressing confidentiality.
2. Acknowledge when a patient refers to unfamiliar slang, euphemism or sexual behavior and request clarification and more information.
3. Ask questions that allow for thorough risk assessment in the areas of fertility, sexually transmitted infections, and sexual well-being and function.
4. Identify resources that will help develop and refine sexual history-taking skills.

Intended Discussion Questions:

1. What is Sexual Health?
2. Why is sexual history interviewing an important skill for all health care providers?
3. How do you gather information about sexual behavior in order to effectively address risk factors?
4. How do you provide thorough, non-judgmental information about sexual health issues?

Session Format/Activities:

15 min Introductions

30 min Sexual Health and Effective Communication

- Fertility

- Sexually Transmitted Infections

- Sexual Well-Being

20 min Practice: Sexual Function Case

20 min Practice: Domestic Violence Case

20 min Practice: Transgender Case

15 min Final thoughts & workshop evaluation.

Reference List:

How to Ask Sex Questions During a Medical Interview, Charles A Moser, SF Medicine March 2005, Vol 78, No 2, page 22.

The Medical Interview: The Three-Function Approach, Steven A. Cole and Julian Bird, Mosby, 2000, Chapter 17, pages 127-133.

Sexual Health Fundamentals for Patient Care Initiative: Report of a US Consensus Process. Association of Reproductive Health Professionals (ARHP). Available at www.sexualhealthfundamentals.org. March 2010.

PD4

McKissack I

Bridging the Basic and Clinical Sciences with Standardized Patient Encounters

Monday, June 6, 2011

11:00 AM - 12:30 PM

Intended Audience: All Audiences

Carla Dyer, Dena Higbee. Dept of Internal Medicine, University of Missouri-School of Medicine.

Overview:

This discussion group will walk standardized patient (SP) educators through the process of introducing SP encounters into an established basic science curriculum. An overview of the effectiveness of these simulations will be discussed. The overall goal of integrating SP encounters into the curriculum process is to strengthen the bridge between basic and clinical sciences, while improving clinical skills.

Rationale:

In our preclinical curriculum, Problem Based Learning (PBL) is one of the primary methods of delivery. The integration of PBL and SP encounters provides an opportunity to reinforce history taking, physical exams, documentation, and oral presentation skills while bridging basic and clinical sciences. By integrating SP experiences into the established PBL curriculum, we create immersive, active learning opportunities. Although our curriculum is PBL based, the implementation of SP encounters into any curriculum is possible with a little adaptation of cases and logistics planning. Bringing these cases “to life”, the students are responsible for collecting data on their patient in order to provide an accurate “report out” to their lab group. Students take more ownership and responsibility for the patient, which is more consistent with the clinical years.

Objectives:

- 1) Participants will gain knowledge of how simulation was integrated into selected curriculum cases and the advantages that it provided at our institution.
- 2) Participants will become aware of the process for adapting traditional curriculum cases, training standardized patients and view a sample integrated simulation case.
- 3) Participants will learn of the resources needed to integrate simulation into a basic/clinical science curriculum.
- 4) Participants will explore options for evaluating this intervention.

Intended Discussion Questions:

- 1) Will the students be more prepared for their clinical experiences after simulation?
- 2) What are the costs of integrating simulated patient encounters into a PBL process? (SP costs, faculty time, staff time, evaluation)
- 3) What are the challenges and limitations of this curricular integration?
- 4) Are there any time-saving factors with this type of integration?
- 5) How can other basic science curricula utilize SP encounters?

Session Format/Activities:

- Introduction and goals (5 minutes)
- Typical case format (10 minutes) including 5 minute demonstration video
- Selection/adaption of cases (including SP training) (10 minutes)
- Evaluation of effectiveness, including challenges (10 minutes)
- Conclusions and implications for the future (5 minutes)
- Discussion – what others are doing, sharing of ideas (40 minutes).

PD5

McKissack II

New Revenue through New Media

Monday, June 6, 2011

11:00 AM - 12:30 PM

Intended Audience: All Audiences

Cameron J MacLennan,¹ Joanne E O'Reilly,¹ Patrick J Walker,² Gayle A Gliva². ¹Standardized Patient Program - Faculty of Medicine, University of Toronto, ²Theresa A. Thomas Prof. Skills Teaching and Assessment Center, Eastern Virginia Medical School.

Overview:

Media production is a revenue generating opportunity for many programs.

New revenue can be realized by increasing service offerings to new or existing clients without requiring expensive marketing campaigns.

Business models will be presented from two programs who have successfully utilized this strategy to generate new revenue and increase their profile.

Rationale:

This presentation/discussion will provide a forum for interested ASPE members to mutually benefit from each other's experience, ideas, and creativity in the area of media production.

SP programs looking for ways to generate additional revenue have valuable assets that could be put to good use. In terms of media production these assets include; trained SP's for on-screen talent, centre for filming location, case writers and content experts as screen writers.

Objectives:

Participants will:

- assess the viability of initiating or expanding upon their work in this area
- identify media production opportunities in their institutions
- evaluate the potential benefits of: cost saving through resource management, expanding services to faculty, marketing to outside institutions and embracing cutting edge technology such as 3D video.
- categorize existing assets
- judge the feasibility of potential projects.

Intended Discussion Questions:

Is the expansion into digital media production a viable option for your program?

What are the realities and limiting factors in your institution?

Identify a short list of clients that might partner with you in a pilot project?

Are you in a position to give away free services to generate interest?

Session Format/Activities:

Comprehensive business models from schools in two countries will be presented. (45 mins.)

A mix of small and large group exercises will actively engage the participants in brainstorming and creative thinking. In the process participants will explore how the presenters' business models may be adapted for use in their institutions. Discussion time will be allotted for participants to explain alternative models and share insights from their experience. (30 mins.)

Participants will be provided with sample documents and templates crucial for tracking and billing media projects. With these documents in hand participants will be lead through a typical project workflow. (20 mins.)

Reference List:

Anja Robb - Director, Standardized Patient Program - University of Toronto.

PD6

McKissack III

What Are the Roles and Responsibilities of SPs in Delivering Feedback to Students?

Monday, June 6, 2011

11:00 AM - 12:30 PM

Intended Audience: All Audiences

Carine Layat Burn, Sibylle Matt. Unit of Educational Innovation, HECVSanté, University of Applied Sciences Bern.

Overview:

In the Swiss Universities of applied sciences (health division), SPs participate at different stages of our Bachelor programs (nursing, physiotherapy, midwifery, nutrition and dietetics, radiology technology) in a context of teaching health professionals. SPs often deliver oral, written structured feedback to students using their personal point of view, observational grids and/or teaching communication in order to develop a common culture among the institution.

Rationale:

The topic of SPs' roles and responsibilities in debriefing/feedback session is important for several reasons. First of all, the SPs' feedback is a unique way for students to receive a feedback from a patient's perspective. It is very helpful for supporting the development of the students' clinical competence and to teach reflective practice and bring forward feedback skills, which are main goals of our teaching. Debriefing/feedback is a difficult task for SPs. SPs are asked to be able to change their role (from role play to feedback giver) in a very short period, to be able to ensure a secure context for the students, to be aware of the students' difficulties in order to focus their feedback and to deliver it in a structured and constructive way. The content delivered during feedback should be meaningful and precise.

Objectives:

By presenting the Bern and Lausanne Universities of applied sciences (health section) perspectives of the different uses of SPs (pursuing the same goals, but training SPs to different roles and responsibilities), the idea is to discuss the advantages and the limits of the different models and share and discuss other perspectives.

Intended Discussion Questions:

What are the advantages and limits of these models of SPs' role and responsibilities in teaching context?
How to use debriefing/feedback session in the most effective way in order to support the development of reflective practice among students?

What are the criteria for SPs' recruitment according to the SPs' different roles and responsibilities?

How can we train SPs to be best efficient in the different roles and responsibilities?

Session Format/Activities:

5 minutes: welcome and introduction.

20 minutes: exploration of the participants' point of view on SPs' roles and responsibilities and their experience and how SPs are prepared to that (small group sessions and summary in large group).

30 minutes: presentation on how SPs are used and trained in the two different Swiss settings

15 minutes: presentation on how we train SPs' to manage their different roles

20 minutes: general discussion on using the intended questions and closure.

TT1

Ryman I

Transforming the Feedback Conversation into Individualized Learning Plans for Learners

Monday, June 6, 2011

11:30 AM - 12:30 PM

Intended Audience: All Audiences

Carrie K Bernat. Office of Medical Student Education, University of Michigan Medical School.

Technique:

We will discuss ways to create, in collaboration with our various learners (e.g. medical students, residents, and Standardized Patients), individualized learning plans (ILPs) based on formative feedback that provide them with the tools necessary to create specific and achievable learning goals to apply toward professional development.

Rationale:

The provision of formative feedback based on direct observation of a learner's performance is a necessary component of the educational process that is often provided by faculty educators, Standardized Patients and Standardized Patient Educators, whether done in the context of educational exercises, students' clinical work or even Standardized Patient training. A vital next step after the feedback conversation is working with our learners to establish specific and achievable learning goals to facilitate their ongoing professional development as well as promoting learners' ability to engage in self-directed, life-long learning. Self-directed, lifelong learning has been identified by both the Liaison Committee on Medical Education and the Accreditation Council on Graduate Medical Education as essential components of medical education and as such are beginning to require their learners to utilize ILPs. We will discuss ways to incorporate ILPs into a variety of educational activities including, but not limited to Standardized Patient exercises, OSCEs and Standardized Patient training sessions.

Objectives:

At the end of this session, participants will be able to:

- Describe the format and purposes of ILPs
- Discuss the different contexts of ILP use
- Create and/or develop ILPs with learners in a variety of contexts.

Session Format/Activities:

- Welcome (5)
- Discussion of ILPs and their importance/purpose (15)
- Break-out session—use case scenarios to develop ILPs for learners (15)
- Group Discussion/ Creation of ILP Toolkit (20)
- Conclusions (5)

References:

- Challis M. (2000). AMEE Medical Education Guide No. 19: Personal Learning Plans, *Medical Teacher*, 22, pp. 225-236.
- Li ST, Burke A. (2010). Individualized learning plans: Basics and beyond. *Academic Pediatrics*, 10(5), pp. 289-292.
- Li ST, Paterniti DA, Co JPT, West DC. (2010). Successful self-directed life-long learning in medicine: a conceptual model derived from qualitative analysis of a national survey of pediatric residents. *Academic Medicine*, 85, pp. 1229-1236.

TT2

Ryman II

An Innovative Training Program To Prepare Standardized Patients To Score OSCEs with Increased Inter-Rater Reliability

Monday, June 6, 2011

11:30 AM - 12:30 PM

Intended Audience: All Audiences

Debra A Danforth. Clinical Science, Florida State University College of Medicine.

Technique:

The author designed a 2-hour training program to increase inter-rater reliability of standardized patients (SPs) (a minimum of two SPs to a maximum of eight per case) who are involved in scoring OSCEs. SPs watch a video encounter and input scores into a computerized system using 2 paradigms: 1) scoring immediately after the viewing and 2) scoring during the viewing. The author then compares differences between post-encounter scoring and simultaneous scoring to the key standard and reviews the results with the SPs by watching the video again and discussing where there were significant differences. SPs are asked to explain why they scored the way they did. They then have one more opportunity to achieve inter-rater reliability on a live session during SP calibration. Preliminary results indicate that with limited checklist training SPs can be trained to score performance assessments with reasonable reliability and reproducibility. Based on these results, SPs represent a comparatively efficient, feasible, valid, and moderately reliable method for assessing medical students' performance in high stakes OSCEs. The majority of the SPs requested the new method of training be included in their current training as a regular feature.

Rationale:

Standardized patients have been incorporated into medical education curricula as a teaching methodology. It has been well established that SPs are able to realistically simulate the patient scenario and accurately evaluate the clinical and communication skills of medical students from recall.

Objectives:

Participants will be able to:

1. Recognize the importance of quality assurance in SP programs to achieve consistency of checklist evaluation.
2. Describe methods to train SPs to score OSCEs for inter-rater reliability.
3. Demonstrate scoring a SP checklist for inter-rater reliability.

Session Format/Activities:

Description of the training program to include:

Overview of Process

Handouts of training and scoring materials

Recorded video for participants to score

Compare ratings and discuss differences

Questions and Answers

What methods are used by audience participants to assess quality assurance in SP checklist evaluation?

What level of accuracy is enough?

How can audience participants integrate QA into their SP programs?

References:

- Barrows, H.S. (1993). An overview of the uses of standardized patients for teaching and evaluating clinical skills. *Academic Medicine* 68, 6, 443-451.
- Cleland, J.A., Abe, K., & Rethans, J. (2009). The use of simulated patients in medical education: AMEE guide no. 42. *Medical Teacher* 31, 477-486.
- Heine, N., Garman, K., Wallace, P., Bartos, R. & Richards, A. (2003). An analysis of standardized patient checklist errors and their effect on student scores. *Medical Education* 37(2), 99-104.
- Huber, P., Baroffio, A., Charmot, P., Hermann, F., Nendaz, M., & Vu, N. (2005). Effects of item and rater characteristics on checklist recording: what should we look for? *Medical Education* 39(8), 852-8.
- Perera, J., Perera, J., Abdullah, J., Lee, N. Training simulated patients: Evaluation of a training approach using self-assessment and peer/tutor feedback to improve performance. *BMC Medical Education*.

TT3

Ryman III

The “Gut Bucket”: A Novel SP Training Tool

Monday, June 6, 2011

11:30 AM - 12:30 PM

Intended Audience: All Audiences

Karen L Delaney-Laupacis, Kerri Weir. Standardized Patient Program, University of Toronto.

Technique:

The “gut bucket” is a unique tool that has organs made from fabric and rests in a standard wash basin. This tool uses visual and kinaesthetic learning strategies to engage the adult learner. All the abdominal organs are to scale, providing realism that helps the learner make the connection to their body and increases their familiarity with the portrayal of abdominal roles.



Rationale:

Standardized Patients (SPs) are often asked to portray complex abdominal physical roles. Many SPs lack the knowledge of abdominal anatomy and physiology, leading to gaps in physical portrayals of abdominal roles. The “gut bucket” can help bridge this gap. This novel training tool can enhance SP trainers’ and SPs’ understanding of abdominal anatomy and physiology leading to more credible and accurate simulations.

Objectives:

This practical hands-on training session will allow participants to construct a thoracic/abdominal model (“gut bucket”) and will demonstrate how to incorporate this tool into training standardized patients.

Participants will be given a dvd with a complete visual step by step recipe for the construction of the “gut bucket” as well as a video.

Session Format/Activities:

1-5 minutes: Introductions and context

5-50 minutes: Interactive and experiential activity: engage participants in a step by step construction of the “gut bucket”; discuss benefits and challenges of the “gut bucket” during the construction

50-60 minutes: Question and answer period and feedback.

R1

Boone/Crockett

**Survey of Student Valuation of Standardized Patient Based Office-Emergencies
Training**

Monday, June 6, 2011

1:45 PM - 3:45 PM

Intended Audience: All Audiences

Ezra Cohen, MacLean Zehler. Chiropractic Medicine, National University of Health Sciences.

Introduction:

Catastrophic-incident and emergency-room training is well represented in SP literature but private, primary care office emergencies are not, as evidenced by the lack of articles on this topic. Standardized patient cases for primary care training often focus on the diagnosis and communication skills necessary for making that diagnosis. The purpose of this study was to assess the students' valuation of an in-office emergency as part of their SP lab.

Methods:

Third year chiropractic students (7th trimester, pre-clinical) from three consecutive trimesters (n=80) participated in a regularly-scheduled SP laboratory. Unannounced in-office emergencies were added through fully scripted events 'sprung' at preset times during 'routine office care visits'. Emergencies included myocardial infarct, cerebral-vascular incident, and suicidal ideations. Informal one-on-one debriefing occurred after each lab section with a large group follow-up the next day. Professors from related courses (psychopathology, ambulatory trauma, doctor-patient relations) and the lab coordinator were involved in the project and performance standards development and debriefing sessions.

In order to assess student valuation of the exercise and to aid in development of these emergency events, an anonymous survey was administered to the first three trimesters of students involved. The six-question survey looked at (1) overall experience (2) real-life applicability (3) response skills (4) knowledge of clinical emergencies (5) the follow-up session and (6) emotional readiness for emergencies.

Results:

Students found the experience to be highly valuable, with 5 questions receiving at least 97% and one question receiving 93% of students answering 'agree strongly' or 'agree somewhat' to the positively worded questions. The lowest score (93%) was for the 'follow-up session' effectiveness with students commenting that even more time could have been devoted to these highly charged and stimulating events. Confidentiality between laboratory sections was well maintained as evidenced by the shock and performance anxiety demonstrated by students in consecutive labs within a given day.

Conclusions:

Students saw the addition of unannounced emergency scenarios as highly valuable training that allowed them to practice critical physician skills and to prepare academically and emotionally for real in-office emergencies.

Inter-Rater Reliability of SPs in Evaluating Technical Skills of Peripheral (IV), Ultrasound Guided (USIV), and Intraosseous (IO) Vascular Access

Monday, June 6, 2011

1:45 PM - 3:45 PM

Intended Audience: All Audiences

Karen L Lewis, Kanika Gupta, Jennifer L Owens, Meghan L Semiao, Colleen Roche, Benjamin C Blatt, Carla Pierreck de Sa, Claudia U Ranniger. Clinical Learning and Simulation Skills Center, George Washington University School of Medicine.

Introduction:

During a recent curriculum review, we created a vertically-integrated vascular access curriculum for medical students. However, teaching, evaluating, and providing feedback to students required more time than faculty could afford to provide. Since performance of these procedures requires discrete, observable, sequenced steps, we hypothesized that seasoned standardized patients (SPs) could provide evaluation and feedback, saving faculty time. This study examines the inter-rater reliability of SPs in evaluating technical skills of peripheral (IV), ultrasound guided (USIV), and intraosseous (IO) vascular access.

Methods:

Faculty educator-clinicians created evaluation checklists. Students learned procedures using on-line didactics, faculty-led training sessions, and open lab practice time. SPs learned to perform and grade each procedure during a 4-hour hands-on session.

Student vascular access skills examinations were videotaped. Videos were reviewed to ensure that checklist tasks were identifiable, and up to 100 videos of each skill were accrued for inter-rater reliability testing. Live real-time evaluations of SP encounters in the exam room were later compared with evaluations of videos of those same encounters by different SPs. The evaluations were matched, and percentage agreement was calculated for each checklist item. Inter-rater agreement for each student's overall grade was estimated via Pearson coefficient.

Results:

Table 1 describes the baseline statistics of the cohort, video observations, SP participation, and checklists. Table 2 delineates the inter-rater agreement results.

Table 1

	IV	US IV	IO
Initial encounters	165	172	125
Videos suitable for review	99	45	100
Video observations	99	73	100
SPs participating in inter-rater reliability study	10	7	7
Checklist items for each scenario	13	12	14
% checklist items performed correctly	79%	86%	81%

Table 2

	IV	US IV	IO
% Inter-rater Agreement (standard deviation)	85 (1)	86 (8)	83 (8)
Pearson Coefficient for overall student grade	0.75	0.67	0.55

Conclusions:

Percentage agreement scores are similar to those found for communications skills¹, but may not be adequate for use in summative evaluation of procedural skills. Easily visualized tasks ('apply tourniquet') had the highest inter-rater agreement; items requiring interpretation ('flush and observe for swelling') exhibited lower agreement. We plan to improve checklist guideline clarity with unambiguous item descriptors, and validate SP scoring with expert clinician observation.

Reference List:

Cohen DS et al. Psychometric properties of a standardized patient checklist and rating scale form used to assess interpersonal and communication skills. Acad Med 1996; 71: S87-S89.

Evans LV et al. The development of an independent rater system to assess residents' competence in invasive procedures. Acad Med 2009; 84:1135-1143.

Panzarella KJ & Manyon AT. A model for integrated assessment of clinical competence. J Allied Health 2007; 36:157-164.

Psychiatric Nursing Research: Using Standardized Patients To Teach Communication Skills

Monday, June 6, 2011

1:45 PM - 3:45 PM

Intended Audience: All Audiences

Debra Webster, Laurie Rockelli, Lisa Seldomridge. Nursing, Salisbury University.

Background

The use of Standardized Patients to teach communication skills to undergraduates is relatively new to the field of nursing. Communication skills are traditionally taught in the classroom and students practice in the psychiatric clinical setting. Student anxiety makes it difficult to facilitate the development of therapeutic communication skills. In addition, there may be limited availability of clinical placements. The development of alternative teaching methods is therefore necessary to provide quality psychiatric clinical experiences for students. One alternative is the use of trained actors to portray clients with various psychiatric disorders following scripts developed by expert psychiatric/mental health nursing faculty. These one-to-one encounters, arranged by appointment, are video-captured for review and critique. Students receive feedback about their communication techniques from faculty, peers, and standardized patients.

Purpose

The purpose of this study was to provide an in-depth assessment of the use of a Standardized Patient Experience to teach communication skills during a psychiatric nursing course.

Methods

This study was funded by the *Maryland Hospital Association (MHA)-Who Will Care?* Grant. Data are currently being analyzed from the interactions of 83 baccalaureate nursing students with standardized patients during at least two separate clinical encounters. Descriptive data analyses will include ratings of student performance by faculty, ratings of student performance by standardized psychiatric patients, and student evaluations of the standardized patient experience (SPE). Data are being analyzed using PASW Statistics 18 software.

Results:

Pending

Implications for Practice:

The use of trained actors to portray clients with various psychiatric disorders is one pedagogy with limited research as to the effectiveness for teaching communication skills to baccalaureate nursing students. Research is just a beginning as this alternative teaching method is used to provide quality psychiatric clinical experiences for nursing students.

Comparing Empathy and Moral Reasoning across Differing Intensities of Clinical Encounters**Monday, June 6, 2011****1:45 PM - 3:45 PM****Intended Audience: All Audiences**

Stephen D Laird, David D Patterson, Susan A Coon, Chris S Lindley, Melanie J Davis, John H George. Academic Affairs, A.T. Still University of Health Sciences/Kirksville College of Osteopathic Medicine.

Introduction:

As students face the emotional and intellectual challenges of medical education, they tend to become less empathetic and their moral reasoning declines. Research suggests decreasing levels of empathy are associated with surviving medical school. There is an important distinction, however, between having empathy and expressing empathy; therefore, this study examines the relationship between medical students' moral reasoning and their ability to express empathy to patients. This initial research is part of a four-year longitudinal study spanning the first two years of medical education in three different types of clinical encounters.

Methods:

172 medical students in Kirksville College of Osteopathic Medicine's Class of 2012 were administered the Defining Issues Test-version 2 (DIT-2) at matriculation, the end of the first year, and the end of the second year. The results measured their overall moral reasoning as well as the antisocial, personal interest, and maintaining norms subscales. Students were also rated by standardized patients (SPs) using a version of the Barrett-Lennard Relationship Inventory (BLRI) to assess the students' abilities to convey empathy. Twelve SP assessments were taken at four different times over a two-year period. The SPs underwent specialized training to increase inter-rater reliability.

Results:

Results were analyzed to determine if there were significant differences in empathy as a factor of the type of SP encounter and whether or not there is a correlation between differences in the DIT-2 subscales and empathy. Empathy scores hold steady across all years of study and in all types of encounters. The data indicate the students are continuously able to convey appropriate levels of doctor-patient empathy. In contrast, their responses to the DIT-2 indicate students became more cynical as they progressed through the curriculum.

Conclusions:

Students express high levels of empathy, externally, to their patients while at the same time, internally, becoming less empathetic, indicating students can compartmentalize and separate their inner life from their professional roles. Contrary to our expectations, students expressed similarly high levels of empathy for non-emotional history-taking and physical-examination cases as well as for emotionally-laden cases involving difficult topics such as cancer.

Assessing Unannounced Standardized Patients' Accuracy in Real Practice Compared with SP Accuracy in a Clinical Performance Center

Monday, June 6, 2011

1:45 PM - 3:45 PM

Intended Audience: All Audiences

Amy Binns-Calvey,¹ Rachel Yudkowsky,¹ Saul Weiner,² Franki Dolley,³ Jonnie Brown,³ Alan Schwartz¹.

¹Medical Education, University of Illinois at Chicago, ²College of Medicine, University of Illinois at

Chicago, ³Proviso Math and Science Academy.

Introduction:

Unannounced standardized patients (USPs) are standardized patients (SPs) who present cases incognito in real clinical settings. SP accuracy has been studied, yet USPs' performances can be affected by elements unique to being undercover: avoiding detection, longer encounters, and time lag before completion of checklists. This study examined whether presenting a case in an unannounced context or the complexity of the case affected the SPs' accuracy completing a 10-item checklist.

Project Description:

Checklists completed during two existing IRB approved studies were compared, one study using USP encounters in clinic and office settings and the other with SP encounters in the clinical performance center (CPC). The same SPs portrayed the same cases in each study and completed the same 10-item checklist regarding questions that were asked during the encounter. The checklists were independently completed by a coder who completed the same checklists while listening to an audio recording of the encounters. This second coder's checklists were checked for reliability by another coder, and served as the gold standard for accuracy.

Linear mixed models were fitted using PROC GLIMMIX in SAS 9.2. The number of errors in filling out checklists was the outcome variable; predictors included whether the visit took place in the CPC (announced SP) or at the physician's office (unannounced SP), and which of four case variants the actor was portraying. Clustering of checklists within actors was modeled with random intercepts using an unstructured covariance matrix.

Outcomes:

SPs completed 209 CPC checklists and 201 field (office) checklists overall. The unadjusted average number of incorrect checklist items was 1.98 ($sd=1.46$) for CPC checklists and 2.08 ($sd=1.79$) for field checklists.

There was no main effect of CPC vs. field completion on number of incorrect checklist items ($F(1,399)=0.09$, $p=0.77$). Accuracy was related to case variant ($F(3,399)=8.24$, $p<.001$). Examining differences between setting by individual variant also found no significant differences.

Conclusions/Discussion:

Unannounced standardized patients in real practice settings and SPs in performance centers show similar accuracy in completion of encounter checklists.

Finding Your Way through the GTA/MUTA Maze; a Hands on Approach to Learning the Essentials of an Exceptional Patient Educator Program

Monday, June 6, 2011

1:45 PM - 3:45 PM

Intended Audience: All Audiences

Isle M Polonko,¹ Scott George,² Liz Ohle,³ Kat Wentworth,⁴ Marcy Hamburger⁵, Romy Vargas⁶.

¹Department of Obstetrics, Gynecology and Women's Health, New Jersey Medical School - UMDNJ,

²Clinical Skills USA, ³Standardized Patient Program, Memorial University of New Foundland, ⁴Project Prepare, ⁵Office of Educational Programs, Standardized Patient Program, University of Texas Medical School at Houston, ⁶Tulane University School of Medicine.

Overview:

Five professionals in the field of GTA/MUTA instruction from across the United States and Canada, are collaborating on this workshop to provide a hands on experience in learning how to establish a solid, financially sound, highly effective GTA/MUTA program. There are persistent questions asked of those of us in the field who are successfully managing GTA/MUTA programs. These recurring questions all address the essential elements fundamental to successful operation of invasive exam programs. This workshop seeks to respond to these questions interactively in order to help others with establishing the groundwork for their own patient educator programs. The primary elements to be addressed in the workshop include: GTA/MUTA recruitment and employ; GTA/MUTA Instructor Training; Student Instruction Content; Quality Assurance; and Risk Management.

Rationale:

Across the U.S. and internationally, patient educator programs face similar challenges including financial constraints, unique recruiting challenges, limited availability of teaching resources, and a lack of support from institutional Administrators. Those institutions without a patient educator program are unsure of the best way to design a program and how to face the numerous obstacles they encounter. As a result, those of us across the country with highly successful GTA/MUTA programs, receive numerous requests for help from listserves and personal emails. The five of us collaboratively considered these frequently asked questions and concerns and developed this workshop designed to address these issues through sharing of expertise and information, offering support and conducting an interactive learning experience.

Objectives:

This workshop is geared towards anyone who is looking at setting up a patient educator program or is currently administering a program but seeking ideas for improvement. Each participant will come away with practical information in each of the aforementioned target areas. As they interactively explore these recurring issues, participants will gain an understanding of how to successfully recruit and retain patient educators and how to put together a basic training program for GTAs that will meet their institutional guidelines. Additionally, participants will gain ideas for protocol development, learn how to minimize risk and gain ideas to successfully maintain a high quality GTA/MUTA program.

Intended Discussion Questions:

What are qualifications for a successful GTA/MUTA candidate? What are resources for recruitment? How do you screen potential candidates? What is an appropriate length of training? What content needs to be included in basic and advanced GTA/MUTA training? How is information disseminated to learners? What are the best methods of invasive exam instruction and why? How do you ensure the high quality of your program? How do you reduce risk and ensure safety of patient educators and learners?

Session Format/Activities:

I Introductions - 10 minutes

II Program Goals and Objectives - 10 Minutes - Brainstorming Session

III Recruitment and Employ - 20 minutes

IV Training - 20 minutes

V Instruction - 20 minutes

VI Quality Assurance - 15 minutes

VII Risk Management - 15 minutes

Sections III through VII will include small breakout groups, large group discussion, roleplay, demonstration, and brainstorming sessions

VII Wrap Up - 10 minutes.

Helping Faculty (and You!) Better Understand Your Standardized Patient Program**Monday, June 6, 2011****1:45 PM - 3:45 PM****Intended Audience: Novice**

Amy Page. Standardized Patient Program, Office of Medical and Student Education, University of Michigan Medical School.

Overview:

Standardized patient programs partner with various faculty members throughout the continuum of education to ensure effective education and assessment methods. Even though these groups work together it doesn't necessarily always mean that everyone is on the same page. Newer faculty to the SP Program 'experience' can be confused when considering the many ways to use SPs in the curriculum. Having a well defined SP Program menu is advantageous for the program, its faculty collaborators and the professional field.

Using a comprehensive collection of research, this session will help participants better understand and provide a clear(er) picture of how and where SPs are best supported for use in medical and health professional education.

Rationale:

Collaborators, such as faculty, involved in SP case development offer expertise that is invaluable. However a complete understanding with how and where SPs can be used, or where they will be used in the future, is not always fully understood [1,2,3]. With this misunderstanding, SP Programs can experience overutilization in some areas but are underutilization in others [4]. An evidence based, more concise snapshot behind a SP Program's most powerful attributes can alleviate misunderstandings, better direct future efforts and create more consistency in the field [5].

Objectives:

Participants will be able to...

- Identify where, how, and why SPs are utilized in medical and health professional education
- Examine the scope of research with SPs in areas like feasibility, validity and reliability
- Anticipate where SPs will be used in future in medical and health professional education
- Construct and articulate clear SP program messaging congruent with what research supports.

Intended Discussion Questions:

List any/all areas SPs can be used in for learning and teaching (example-assessment).

Describe your working relationship with faculty/collaborators currently on SP projects.

When examining your SP Program, how would you express what you can offer to a new faculty member (or collaborator)?

How and where do you increase things like SP/case validity and reliability? What is this based on?

Where do you see SPs being implemented over the next decade?

After our discussion today, re-examine what you would say to a new collaborator in terms of what you can offer. Did it broaden, narrow or stay about the same?

Session Format/Activities:

5 Min-Introductions

10 Min-Interactive Quiz: Use of SPs-then and now

20 Min-Drilling Down the Research: Where/why/how SPs are beneficial (and where they're not)

20 Min-Group work: Program Focus/Definition/Messaging

5 Min-Group share

15 Min-Questions,comments, closing remarks.

Reference List:

Davidson R, et al. Using Standardized Patients as teachers: a concurrent controlled trial. Acad Med 2001;76:840-3.

Wykurz G. Developing the role of patients as teachers: literature review. BMJ 2002;325:1341.

Gaba DM. The future vision of simulation in healthcare. Simul Healthc 2007 2:126-35.

Buyck D, Lang F. Teaching Medical Communication Skills: A Call for Greater Uniformity. Fam Med 2002;34:33742.

Vu NV, Barrows H. Use of Standardized Patients in Clinical Assessments: Recent Developments and Measurement Findings. Educational Research 1994;23:23-30.

W6

McKissack II

SP as Coach: The Art and Science of Giving Verbal Feedback

Monday, June 6, 2011

1:45 PM - 3:45 PM

Intended Audience: All Audiences

Carol A Pfeiffer, Clinical Skills MC2824, UConn School of Medicine.

Overview:

This session will focus on the research literature about feedback and apply it to the Standardized Patient giving oral feedback to a clinician after an encounter. It will describe the value of such feedback, a measure of the quality of the feedback, and the training methods used to teach SPs to give feedback. There will be videos of SPs giving feedback that participants can observe and evaluate.

Rationale:

The opportunity to give immediate feedback to learners as they practice their clinical skills can be a critical part of an SP program. This workshop will give trainers the knowledge they need to either implement a program of SP feedback in several domains: research literature, training materials and an evaluation tool. Participants will also be able to practice observing and evaluating the feedback of SPs.

Objectives:

At the end of the session participants will be able to:

1. Describe the characteristics of effective feedback and apply them to the role of the SP.
2. Develop training methods that prepare SPs for giving oral feedback after an encounter.
3. Evaluate the skills of the SPs as they give feedback

Intended Discussion Questions:

What are the characteristics of effective feedback?

How do you train SPs to give feedback?

How do you do quality control of SP feedback?

Session Format/Activities:

Introductions with focus on experience with feedback (15 min)

Mini-lecture on feedback literature as it applies to SP feedback (10 min)

Small group development of a scale to measure effective SP feedback (20 min)

Video Review of SPs giving feedback with scoring and consensus building (50 min)

Teaching SPs to give feedback (20 min)

Workshop evaluation (5 min).

Reference List:

Connie Corrali: Emory University Atlanta, GA.

Amber Hansel: State University at Syracuse NY.

Mary Cantrell Univ. of Arkansas.

PD7

Ryman I

What You Need To Know about Accreditation of Simulation and Standardized Patient Programs

Monday, June 6, 2011

1:45 PM - 3:15 PM

Intended Audience: All Audiences

Janice C Palaganas,¹ Nancy Heine,¹ Karen Reynolds,² Tom LeMaster³. ¹School of Medicine, Simulation and Standardized Patients, Loma Linda University, ²School of Medicine, Standardized Patients, Southern Illinois University, ³Simulation, Cincinnati Children's Hospital Medical Center.

Overview:

As a natural extension of its commitment to supporting the efficient growth and development of simulation programs in healthcare, in 2007 the Society for Simulation in Healthcare –together with the Association of Standardized Patient Educators- began formal development of an accreditation program. The mission of the Council for Accreditation of Healthcare Simulation Programs (CAHSP) is to foster and maintain excellence in the use of simulation modalities by evaluating and recognizing simulation programs that meet or exceed standards of excellence in Assessment, Research, Teaching/Education, and/or System Integration and Patient Safety.

The overall objective of this session is to provide the standardized patient community with information detailing CAHSP Accreditation and what it can mean for standardized patient programs worldwide. The presenters will include SP applicants and reviewers from Phase I. They will provide an overview of the program and processes, outline the benefits of accreditation by SSH, and detail the standards for recognition in the areas of assessment, research, teaching (education), and systems integration. They will also discuss the findings from Phase I of the accreditation process.

Continued development and improvement of the Accreditation program is critical to its progression and success. As such, active participation by audience members will be encouraged. Discussion will include best practices as it relates to Standardized Patient Programs.

Rationale:

ASPE and SSH are committed to increasing patient safety through high-quality, multi-modal simulation methodologies, fostering the recognition of simulation and standardized patients as a specialization, and supporting the efficient growth and development of simulation programs in healthcare.

Objectives:

- 1) Understand the accreditation process.
- 2) Define and discuss the benefits of accreditation.
- 3) Review findings from Phase I.
- 4) Listen to the personal experiences of applicants, as well as reviewers from Standardized Patient Programs.

Intended Discussion Questions:

How many participants are interested in applying for SSH Accreditation?

What barriers do you perceive in applying?

What is your perceived benefit of accreditation for your program?

Session Format/Activities:

I. 45 Minute Presentation:

5 min. Introduction

5 min. Brief background

5 min. Overview of Standards

5 min. Overview of Application Process

5 min. Phase I findings

10 min. Hear from an SP applicant

10 min. Hear from an SP Reviewer

II. 45 Minute Discussion.

Reference List:

<http://www.ssih.org/SSIH/ssih/Forums/SSHCommittees/CATS/Certification1/Default.aspx>.

PD8

Ryman III

Using Simulation and TeamSTEPPS To Teach Inter-Professional Teamwork

Monday, June 6, 2011

1:45 PM - 3:15 PM

Intended Audience: All Audiences

Donald J Woodyard, James W Barrick, Cherri D Hobgood. School of Medicine, University of North Carolina.

Overview:

TeamSTEPPS, developed by the Agency for Healthcare Research and Quality and the Department of Defense, is a tool for implementing high level communication and cross coverage among members of a healthcare team designed to improve patient safety. This presentation will provide the learner with a “TeamSTEPPS Essentials” background and discussion of methods for introducing and reinforcing these concepts using simulation both in the classroom and in clinic, taught by a certified TeamSTEPPS Master Trainer. The session will also look at current barriers to change and the human factors that contribute to communication breakdown. The session will conclude with discussion on successful implementation strategies and methods for taking this content back to your institution.

Rationale:

In 1999, the IOM reported between 44,000 - 100,000 deaths occur annually due to medical error. The majority of these deaths resulting from medical errors occurred as a direct result of caregivers' poor communication and ineffective teamwork. Inter-professional teamwork skills are rarely, if ever, taught as part of health professional education curricula. This is an important skills set for all health affairs disciplines to acquire.

Objectives:

- 1) Understand area of need for health care team work and communication
- 2) Recognize TeamSTEPPS and simulation as a strategy to teach and implement health care team work
- 3) Understand critical elements of team communication
- 4) Understand strategies & challenges to implementing this training
- 5) Create and discuss strategies for implementing and reinforcing these concepts for health affairs students in the classroom and in clinic.

Intended Discussion Questions:

- 1) Why is Team Training needed?
- 2) Why are we reluctant to adopt Team Training?
- 3) Who are the players?
- 4) What are the myths about disciplines?
- 5) How will you try to implement this at your own institution?

Session Format/Activities:

70-minute presentation on TeamSTEPPS Essentials, includes two small group breakouts

20-minutes for Discussion & Questions.

PD9

Ryman I

Accreditation of SPs and SP Educators in the UK – Musings and Update

Monday, June 6, 2011

3:30 PM - 5:00 PM

Intended Audience: All Audiences

Frank M Coffey. Emergency Department, Queen's Medical Centre.

Overview:

Standardized Patient (SP) training in the UK is varied often with minimal quality control. The issue of SP competence and accreditation has come to the fore in recent years. Current work in North America involving ASPE and SSH has been focusing on the accreditation of Simulation and Clinical Skills Centres and the certification of SP Educators. Recently in the UK, the new Association of Simulation in Healthcare (ASPiH) has been replicating this work for Simulation Centres.

Another model to consider is the accreditation of SPs themselves. We performed a survey of SPs in the UK and amongst other issues asked them about their training and assessment and their views on accreditation. We developed a taxonomy of increasingly sophisticated SP competencies from which we designed a set of SP training units to meet requirements for accreditation. The first SP training module, which focused on the simulation of acute conditions and injuries, was delivered as a pilot in 2006. It was accredited by the UK's foremost provider of accreditation for adult learning – the Open College Network (OCN).

We will present

- a) the findings from the survey of UK SPs
- b) the process that led to the development of a template of SP skills and its use to inform the modular structure of a proposed programme
- c) the collaborations involved in the development of the accredited pilot SP training module
- d) recent work on accreditation by ASPIH in the UK, comparing it with the US model and
- e) the pros and cons of SP accreditation vs SP educator certification.

Rationale:

Accreditation / certification is a hot topic in simulation. This session will offer a UK perspective and provide an update on progress in this sphere.

Objectives:

An update on the recent amalgamation of ASPE's little sister UK organisation - SPOTS (Simulated Patient Organisers and Trainers) with ASPE's non-identical twin sister - ASPIH (Association of Simulation in Healthcare) UK

An update and understanding of the Accreditation Process in the UK and the transatlantic collaborations involved

A comparison of the merits and demerits of accreditation/certification of SPs vs certification of SP Educators.

Intended Discussion Questions:

As above.

Session Format/Activities:

1. Introduction
2. UK SP Survey findings
3. Description of the SP Skills Template
4. Description of the proposed modular training program
5. Description of the OCN accredited pilot module
6. Update on ASPIH and SP specialist subgroup within it
7. Update on accreditation process in UK
6. Audience discussion (using small group format) on the issues raised
45-50 minutes power point discussion
40-45 minutes for audience discussion.

PD10

Ryman II

The Good, the Bad and the WHAT?! Identifying the Upsides and Downsides of Multiple Instructional Methods Utilizing GTAs and MUTAs, To Determine the Most Effective Methodology for Your Program

Monday, June 6, 2011

3:30 PM - 5:00 PM

Intended Audience: All Audiences

Scott W George,¹ Isle M Polonko². ¹Director, Clinical Skills USA, Inc., ²Dept. of Obstetrics, Gynecology and Women's Health, University of Medicine and Dentistry of New Jersey.

Overview:

As increasingly more medical schools and health care institutions across the country consider establishing programs in the instruction of invasive exam technique, numerous questions arise about the efficacy of using GTA/MUTAs, and which method of instruction is best suited to the unique circumstances at each institution. There are concerns about cost, risk management, scheduling constraints, and how to get course directors, faculty, and administrators on board. This presentation will seek to provide answers to these difficult questions involving the use of GTA/MUTAs for invasive skills instruction, and the application of the four primary GTA/MUTA instructional methodologies; *independent instruction, team teaching, preceptor-assisted and preceptor-directed*. Participants will have an opportunity to see these four methods in action, and to benefit from a better understanding of the true cost/risk factors, and other advantages and disadvantages associated with each.

Rationale:

During these difficult economic times, increasingly more clinical skills programs are turning away from using GTAs/MUTAs and consider instead using simulators, videos, textbooks, classroom lecture, and actual clinical patients. There also appears to be a growing trend to turn away from the "tried-and-true" application of trained GTAs/MUTAs, to an increasing reliance on the use of faculty preceptors with untrained "models" for the instruction of these invasive exam procedures, in an effort to minimize cost and perceived risk. Concerningly, there have been articles suggesting a return to conducting pelvic exam instruction using unknowing sedated patients, with all of the surrounding ethical issues. All of the aforementioned alternatives to GTA/MUTA instruction fail to provide learners with the superior quality of instruction that knowledgeable GTAs/MUTAs can provide in a relatively safe, controlled, standardized and patient-centered way, where invaluable feedback from the patient perspective is provided.

Objectives:

Attendees in this presentation will benefit in the following ways:

An understanding of the four primary methods of GTA/MUTA instruction.

Recognizing the advantages and disadvantages of each method of instruction.

An understanding of how each of the instructional methods might fit into their own unique institutional settings.

An ability to utilize the data (including cited studies) in gaining the support of administrators for establishing the best possible GTA/MUTA program for their institution.

Intended Discussion Questions:

What studies are available to support GTA/MUTA instruction?

What are the four main methods utilized in patient educator programs across the country?

What are the advantages and disadvantages to each method?

What are the true risks involved in each method?

What are the true costs involved with each method and how can costs be offset?

What is required in persuading your administration to adopt the GTA/MUTA instructional model best suited to your school?

Session Format/Activities:

Included in the presentation are the following (90 minutes):

I Session introduction (10 minutes)

II PowerPoint presentation reviewing relevant data (15 minutes)

III Re-enactments of each method of GTA/MUTA instruction and discussion of each (45 minutes)

IV Question and answers (15 minutes)

V Handouts and evaluations (5 minutes).

PD11

McKissack II

The Pros and Cons of Using Social Media Tools for Standardized Patient Programs

Monday, June 6, 2011

4:00 PM - 5:30 PM

Intended Audience: All Audiences

Jamie Pitt, Marcy Hamburger, Don Montrey, Jim Power, Jennie Struijk. Washington University in St. Louis School of Medicine, University of Texas Medical School at Houston, National Board of Osteopathic Medical Examiners, University of Texas Medical School at Houston, University of Washington School of Medicine.

Overview:

Social media is making a big impact on education and the world at-large; it is no longer effective for SP and Simulation educators to just “ignore it.” Can the power of social media be effectively harnessed for use in your SP/SIM program? Are there potential threats to consider, and if so, how can SP/SIM educators anticipate and arm their programs against them? And, if you do choose to use social media, how can a program get started?

Rationale:

When developing a policy for the use of social media, it may be helpful for SP/SIM Educators to have some general standards of practice. Convening a discussion group during this session and continuing the support and discussion via the listserv and ASPE website post-conference may help in this process.

Objectives:

- 1) Leave with a basic understanding of how Facebook and Twitter work as social media tools.
- 2) Learn from the experiences of five different SP/SIM programs: how have they handled and used social media tools, what they are considering, and the lessons learned.
- 3) Consider and discuss possible uses and issues at your own institution.
- 4) Receive basic instructions for creating Facebook and Twitter accounts for your program.

Intended Discussion Questions:

1. How might you use social media tools like Facebook and Twitter in your SP Program?
2. What are the Pros/Cons? Challenges/Benefits?
3. How secure are Facebook/Twitter?

Session Format/Activities:

10 minutes- An intro to Facebook and Twitter with a walk through features -What are they? Why use them? How each program is using them?

30 minutes- Pro /Con by program debate

10 minutes- Survey results from 5 programs and participant survey

40 minutes Wrap up-Q & A.

Reference List:

ASPE Quarterly Geek Rounds article “Social Media and the SP Program” written by J.Struijk.

The Wall Street Journal, October 18, 2010. “Facebook in Privacy Breach” by Emily Steel & Geoffrey A. Fowler.

W7

McKissack III

Empowered Negotiation: Having the Evidence You Need To Say “Yes” or “No” to an SP Event

Monday, June 6, 2011

4:00 PM - 6:00 PM

Intended Audience: All Audiences

Connie B Perren, Karen A Sauter. Office of Educational Development, The University of Texas Medical Branch at Galveston.

Overview: The core of the discussion in this workshop is a Gantt chart – a tool to graphically depict a lot of detail about one or multiple projects. Attendees will be given a Gantt chart to explain the current projects of a Standardized Patient Program (a case study) and a new request. The facilitators will describe how to define a new request (project) in terms of the resources required and the times at which each resource is needed. After developing a Gantt chart for the new request, attendees will use it to determine whether or not the SP Program has the required resources available at the right times. Some parts of the new request will not fit into the currently scheduled projects. Attendees will identify possible areas for negotiation with the requester. After developing an agenda for a meeting with the requester, each small group will role-play the meeting, and report back to the large group.

Rationale: Your SP Program is managing 7 events (1 currently running, 1 next week, 2 in training, and 3 in casting), your receptionist is out for surgery and your faculty wants to add two new SP activities to run in 3 weeks. Do you work 20 hours/day for the next 3 weeks to deliver what you hope is good enough, or learn a method to define and manage the chaos?

Objectives: Attendees will be able to:

- *Apply the step-by-step approach described in the case study to define a new project and required resources, and develop a Gantt chart depicting the new project. Then add the new project to the case study Gantt Chart (in which the currently scheduled projects are depicted)
- *Determine the specific resources required by the new project which are available when necessary, and which are not
- *Identify elements of the new project which might be negotiable and still meet all or most of the requester's objectives
- *Develop an agenda for a meeting with the requester to discuss possible areas of negotiation

Session Format/Activities:

- 15 minutes – Introductions; Overview; Objectives
- 40 minutes – Case Study (Large group interactive)
- 10 minutes – Case Study Role-play (Large group interactive)
- 10 minutes – Debrief the Case Study Role-play (Large group interactive)
- 25 minutes – Small Group Exercise
- 10 minutes – Debriefing the Small Group Exercise (Large group interactive)
- 10 minutes – Closure

W8

McKissack I

Simulation Center/Program Strategic Planning

Monday, June 6, 2011

4:00 PM - 6:00 PM

Intended Audience: All Audiences

Ralitsa B Akins. ATACS Center, Paul L. Foster SOM, TTUHSC-El Paso.

Overview:

This workshop will focus the attention of the participants in developing an effective strategic plan for their center or program. The components of strategic plan will be discussed, together with soliciting and ensuring support for the strategic plan completion from interested stakeholders. A strategic plan example will be provided.

Rationale:

Strategic planning is useful in defining the purpose, understanding the environment, and developing effective responses to the forces affecting a simulation center or program. We must be clear about our mission in light of changing external factors such as regulation, resources, competition, technology, and customers.

Strategic plans are wonderful tools in provoking organization's and center's leadership in thinking "What are the most important issues to respond to?" and lobbying for bigger share of the market or the budget, based on proved value to the organization. There are a variety of perspectives, models and approaches used in strategic planning. The way that a strategic plan is developed depends on the nature of the organization's leadership, culture of the organization, complexity of the organization's environment, size of the organization, expertise of planners, etc. Goals-based planning is probably the most common and starts with focus on the organization's mission (and vision and/or values), goals to work toward the mission, strategies to achieve the goals, and action planning (who will do what and by when).

An absolute necessity in the business world, startegic planning is making its way in simulation as well, pushed to the center by decreasing budgets, increasing service demands and requests for accountability.

Objectives:

The participants in the session will learn how to:

1. Prepare a strategic plan for their center/program
2. Perform a SWAT analysis to see the big picture of circumstances in which they operate
3. Use the Strategic Plan as a tool for gaining support from organization/s leadership.

Intended Discussion Questions:

1. Why do we need a strategic plan?
2. How to develop vision and mission that serve our future?
3. What components does a strategic plan include?
4. How to collect data to utilize for strategic planning?
5. How to follow the intended course?

Session Format/Activities:

1. Introduction to Strategic Planning - PowerPoint Presentation (15 min).
 2. Review and discussion of a simulation center strategic plan - small groups work (30 min). Small groups will consist of 3-5 participants, formed on the basis of similarity of organization.
 3. Development of a vision and mission, performing SWAT analysis, and listing of major sections for own strategic plan, with notes where to find necessary data within the organization - continued work in same small groups (45 min). The idea is for all participants to gain a very clear idea, and possibly the backbone of their own strategic plan. Support from the moderator for individual groups.
 4. Demonstration (15 min). Three small groups, preferably from different organization/program types, will presnt briefly their strategic planning considerations (vision, mission, important planning points).
 5. Q&A session with mapping of "how to stay the intended course." (15 min).
- Acquiring a skill in strategic planning will ease the participants in resource procurement and proactive leadership within their own organizations.

TT4

Ryman I

Utilizing Standardized Patients To Heighten House Staff's Awareness of Hand Hygiene Guidelines

Monday, June 6, 2011

5:15 PM - 6:15 PM

Intended Audience: All Audiences

Sarah Middlemas, Diane Radlowski, Monica Lypson. Office of Medical Student Education, Standardized Patient Program, University of Michigan Medical School.

Technique

At our institution, we administer a formative Post-graduate Orientation Assessment (POA) (OSCE) to all incoming house staff as part of their orientation to the health system. In order to improve patient safety, we have dedicated one station of this multi-station assessment to focus on Aseptic Technique (AT) and hand hygiene (HH). In this training technique session, we will highlight components of our Aseptic technique station (a mock abscess incision and drainage), and discuss many interactive components incorporated into this station including Standardized Patients(SPs), Standardized Nurses, content checklists, AT supplies, theatrical supplies, verbal feedback, post-encounter station quiz, and written handouts as additional reference materials distributed upon station completion.

Rationale

Lack of hand hygiene knowledge/adherence are well known problems in today's healthcare institutions and are considered to be the leading cause of hospital associated infection (HAI) and spread of multi-resistant organisms.¹ Making an assumption that PGY-1 interns arrive with sufficient knowledge about hand hygiene is unfounded and improved teaching and assessments are necessary. Intern performance on an online True/False quiz including basic questions on hand hygiene agent's effectiveness against viruses and bacteria and length of time necessary to wash hands with soap and water based on Centers for Disease Control and Prevention (CDC) recommendations during our AT/HH station substantiated these findings. We saw a wide distribution of responses, emphasizing the importance of reaching all incoming PGY1's with the same standardized format of information, to further our institution's commitment to National Patient Safety Goals.

Objectives

- 1) Recognize the need to teach hand hygiene and aseptic technique in the standardized patient setting
- 2) Develop a checklist (performance based skill) that includes key elements of "hand hygiene & Aseptic technique
- 3) Develop a quiz (knowledge assessment) that includes key elements of "hand hygiene & Aseptic technique
- 4) Review competencies involved with hand hygiene
- 5) Understand how to incorporate hospital policies and procedures in a Standardized patient scenario

Session Format/Activities).

20 Minutes Discussion of station format

20 Minutes Discuss your Hospital policies in the area of hand hygiene and develop checklist to assess HH & AT

10 Minutes to discuss the development of the Post-Encounter Quiz

10 Minutes Discussion and wrap-up.

PD12

Ryman III

Managing External Client Relations and Billing Outside Clients

Monday, June 6, 2011

5:15 PM - 6:15 PM

Intended Audience: Novice

Hollis D Day, Jacqueline M DeCoursey, John F Mahoney. Office of Medical Education, University of Pittsburgh.

Overview:

Managing outside client relations and developing a process for billing external clients is crucial to a growing Standardized Patient Program. As the number of external clients increases, it becomes imperative that the billing process is consistent, organized, and timely.

Rationale:

External clients approach Standardized Patient Programs with a variety of needs for their organization, and it is essential that SP Programs communicate policies, planning processes, and costs in a professional and efficient manner. As SP Programs expand, it is challenging to track the specific pay rates, material deadlines, and communications involving external events.

Objectives:

With over 100% annual growth in the external client base from 2008-2010, the goal of the SP Program administrator was to develop a system that clearly manages outside client interactions, effectively tracks invoices, and processes payments in a prompt manner.

Intended Discussion Questions:

The external client base has grown primarily through a pull marketing strategy, rather than active or push marketing efforts. Word of mouth, media interviews, and community buzz have generated new clients who have approached the SP Program with unique experiential learning needs. When a potential client contacts the Program Director, the first step is to listen to what they need, gathering information and clarifying their constraints and requests. The next step is to communicate what services can be potentially offered, always being sure to convey certain SP Program guidelines. If the external project is approved, the planning stages begin, and the billing process is outlined with the following five steps:

1. Cost Estimate

- a. Policies and Procedures
- b. Sign and Return

2. Time Sheet Accuracy

3. Building the Invoice

- a. Template
- b. Documentation before sending

4. Sending the Invoice

- a. Language
- b. CCs

5. Process Payment

- a. Electronic Records
- b. Close the loop.

Session Format/Activities:

Session timing: 30-45 minutes for Presentation, 15 minutes on examples/handouts, 30-45 minutes for Discussion

Conclusion:

The focus of the session will be to highlight techniques that have been beneficial when overseeing client relations and the billing process. Generating new revenue streams with an expanding external client base is an effective way to support a flourishing SP Program.

Detailed Daily Schedule

Tuesday, June 7, 2011

7:30am – 8:30am	Breakfast and Affinity Groups	<i>Boone/Crockett</i>
7:30am – 8:30am	GTA/MUTA SIG Business Meeting	<i>Robertson</i>
7:30am – 12:30pm	Exhibits Open	<i>Armstrong I and II</i>
8:30am – 12:15pm	Breakouts	
8:30am – 10:00am	ASPE International Open Meeting ASPE Around the World – Setting Up Local Groups and Ways Forward Presenters: ASPE International Committee Members	<i>Donelson</i>
8:30am – 10:00am	PD13 The Effect of Interprofessional Simulation on Teamwork and Safety Learning for Healthcare Students Presenters: Carla Dyer, Gretchen Gregory, Dena Higbee, Deepti Vyas, and Russell McCulloh	<i>McKissack III</i>
8:30am – 10:30am	W9 Strategies for Refining the Process and Improving the Outcomes of Standardized Patient Training Procedures for a National Pharmacy OSCE Presenters: Cathy Smith, Lorena Dobbie, Stan Rogal, Carol O-Byrne, John Pugsley, and Lila Quero-Munoz	<i>Ryman I</i>
8:30am – 10:30am	W10 Investing Wisely in Clinical Skills Technology – Considerations for Building, Renovating or Outfitting a Simulation Center Presenters: Paul J Donahue, Amy Flanagan Risdal, Theresa M Bernardo, Joseph Byrd and Joseph O Lopreiato	<i>Ryman II</i>
8:30am – 10:30am	W11 Completing a Self-Study for Simulation Accreditation – A Work In Progress Presenters: Dawn M Schocken, Laura Haubner, Fred Slone, Laura Gonzalez and Deborah Sutherland	<i>Ryman III</i>
8:30am – 10:30am	W12 Present! How to Make Your Presentations Shine Presenters: Jamie Roberts and Elizabeth Darby	<i>McKissack I</i>
8:30am – 10:30am	W13 Maintaining Creativity When Working with Standardized Patients (SPs) Presenters: Elizabeth K Kachur and Lisa Altshuler	<i>McKissack II</i>

10:45am – 12:15pm	PD14 Using the Dry Run To Standardize SP Performance for Maximum Quality Presenters: Linda J Morrison, Mary T Aiello and Carol Pfeiffer	Ryman I
10:45am – 12:15pm	PD15 An Overview and Discussion of the Literature: 2010 Publications Involving Standardized Patients Presenter: Karen Szauter	Ryman III
10:45am – 12:15pm	PD16 Your First Publication: Getting Ready! Presenter: Ralitsa B Akins	McKissack I
10:45am – 12:15pm	PD17 Utilizing SPs as Standardized Healthcare Providers – How Realistic Can They Be? Presenters: Lisa Altshuler, Ingrid Walker-Descartes, Revital Caronia and Elizabeth K Kachur	McKissack II
10:45am – 12:15pm	PD18 End of Life Simulation of Therapeutic Communication and Care Using Standardized Patients and SimMan® Presenters: Kelly Tomaszewski, Carol Robinson, and RuthAnn Brintnall	McKissack III
12:30pm – 1:30pm	Committee Networking Lunch	Boone/Crockett
1:30pm – 4:00pm	Exhibits Open	Armstrong I and II
1:30pm – 3:45pm	Breakouts	
1:30pm – 2:30pm	TT5 Learner-Centered Feedback – Training SPs To Model the Behaviors of Patient-Centered Communication Presenters: Amelia M Wallace, Lorraine Lyman and Alba Woolard	Ryman III
1:30pm – 3:00pm	PD19 Playing Together in the SP Sandbox: The Mid-Atlantic Consortium. How It Works, Why It Works and Lessons for Future Consortia Presenters: Joseph O Lopreiato, Amy Flanagan Risdal, Karen Lewis, Benjamin Blatt, Kathryn A Schaivone, Gayle Gliva-McConvey, Anne Chapin, Mary Donovan, Nicole Shilkofski, Tamara L Owens and Rose Zaeske	McKissack I
1:30pm – 3:30pm	W14 Guiding the SP through a Self-Reflective Debrief Presenters: Kevin Hobbs, Lorena Dobbie, and Jacquie Jacobs	Ryman I

1:30pm – 3:30pm	W15 Planning an Inter-Professional Simulation Project: Tips for Design And Implementation Presenters: Amy Lawson, Beth Haas and Gail Rea	<i>Ryman II</i>
1:30pm – 3:30pm	W16 Designing the Standardized Patient Center of the Future Presenters: Malvin Whang, Patti Mitchell, Kris Slawinski, Jennie Struijk and Alexa Fotheringham	<i>McKissack II</i>
1:30pm – 3:30pm	W17 The Art and Science of Facilitation: Engaging the Teacher Learner Partnership Presenters: Kerry Knickle and Nancy L McNaughton	<i>McKissack III</i>
2:45pm – 3:45pm	TT6 Training Patients To Be Standardized Patients Presenter: Liz Ohle	<i>Ryman III</i>
4:00pm – 6:00pm	Technology Sessions B-Line Lecat's Limbs and Things	<i>Robertson</i> <i>Donelson</i> <i>McKissack I</i>
6:30pm – 10:30pm	ASPE Dinner Wild Horse Saloon	

PD13

McKissack III

The Effect of Interprofessional Simulation on Teamwork and Safety Learning for Healthcare Students

Tuesday, June 7, 2011

8:30 AM - 10:00 AM

Intended Audience: All Audiences

Carla Dyer,¹ Gretchen Gregory,² Dena Higbee,¹ Deepti Vyas,³ Russell McCulloh⁴. ¹School of Medicine, University of Missouri, ²Sinclair School of Nursing, University of Missouri, ³School of Pharmacy, University of Missouri-Kansas City, ⁴Internal Medicine and Pediatrics, Brown Medical School.

Overview:

This session will focus on the development, implementation and evaluation of an interprofessional simulation for healthcare students that focuses on teamwork and patient safety.

Rationale:

Our institution is creating a continuum of learning for medical students, residents, and faculty to produce physicians committed to quality improvement and patient safety. In the second year of medical school, an established interprofessional curriculum in safety, quality improvement (QI) and teamwork offers instruction to students in five disciplines. In 2009, a hybrid high-fidelity simulation was introduced to promote team building, communication skills, and patient safety awareness. In 2010, 260 students from five disciplines participated in a scenario simulating semi-urgent situations requiring interprofessional collaboration and identification of safety concerns. While student teams triaged and evaluated six patients, they faced a variety of potential patient safety hazards. Scenarios utilized a combination of high fidelity mannequins and standardized patients (SP). During the simulation, faculty and SPs documented safety hazards identified by students. Pre/post surveys assessed students' self-reported knowledge, skills and attitudes. Students reported increased understanding of professional roles and the importance of interprofessional communication, as well as their ability to recognize safety issues.

Objectives:

1. Based on one institution's experience, participants will describe the preparatory steps necessary to integrate simulation into existing safety, QI, and/or teamwork curriculum.
2. Participants will identify potential benefits and challenges to integrating interprofessional simulation into existing courses.
3. Participants will identify the resources necessary to implement similar interprofessional curricula.
4. Participants will explore a variety of tools to evaluate effectiveness of similar curricular change.

Intended Discussion Questions:

- What are the challenges to interprofessional education at other institutions?
- How can simulation and standardized patient encounters be utilized to engage students in learning about patient safety, QI, and teamwork?
- What opportunities exist for interprofessional collaboration at other institutions?
- How can institutions obtain "buy in" from faculty and students for interprofessional projects?

Session Format/Activities:

(facilitated by interprofessional team)

Introduction/goals (5 minutes)

Background (5 minutes)

Case Development and sample video(10 minutes)

Evaluation and results (10 minutes)

Challenges to implementation (10 minutes)

Conclusions/implications for future (5 minutes)

Discussion: Questions from audience and above(45 minutes).

W9

Ryman I

Strategies for Refining the Process and Improving the Outcomes of Standardized Patient Training Procedures for a National Pharmacy OSCE

Tuesday, June 7, 2011

8:30 AM - 10:30 AM

Intended Audience: Veteran

Cathy Smith,¹ Lorena Dobbie,² Stan Rogal,² Carol O'Byrne,¹ John Pugsley,¹ Lila Quero-Munoz¹.

¹Pharmacy Examining Board of Canada, ²Standardized Patient Program, University of Toronto.

Overview:

In this workshop, we will share and examine selected strategies and tools developed to refine standardization procedures for our national pharmacy OSCE SP training team. Working with some of our SP trainers, activities include discussion, interactive simulation, large and small group conversation circles, and opportunities for individual and group reflection. Concepts presented can be applied to those training and standardizing SPs for OSCEs in other disciplines.

Rationale:

Standardization of SP performance by trainers for a high stakes OSCE is recognized as a vital element in ensuring the reliability and validity of candidates' scores. This process of standardization is nuanced and complex, highly dependent on context. While the importance of standardization is emphasized in the literature, little is written on aspects of SP agreement/similarity of role portrayal within and between sites, by diverse trainers for varied candidate performances. Several factors led our organization to refine our training guidelines to support trainers through this standardization process. While research has shown that our national licensing exam is defensible for certification purposes, there is still a certain amount of error attributable to SP performance, some possibly due to training, which we are seeking to minimize further. In addition, our organization has developed a new performance exam that will require an expansion in the number of SPs and SP trainers required for both examinations. Distributed country-wide, our trainers have various backgrounds, education, training styles and perspectives. We observed that, partly because of this diversity, there were some trainer differences and gaps between some trainers and our organization in the understanding and implementation of processes to ensure standardized training outcomes. To bridge these gaps, we created an explicit set of expectations regarding what standardization looks like and guidelines for implementation. Specific strategies and tools include a SP Trainer Guide, a SP Training Protocol, and an Exam Readiness Checklist to ensure SP exam readiness.

Objectives:

Participants will:

- Define elements of standardized SP performance.
- Investigate specific training strategies and tools to standardize SP performance.
- Acquire experience using these strategies and tools through interactive simulations.
- Evaluate this process.
- Reflect on applications to their own practice.

Session Format/Activities:

5 minutes - introduction of participants and presenters, workshop goals, structure of workshop

25 minutes - individual and group reflection using a think/pair/share exercise

25 minutes - presentation of standardization strategies and tools with discussion

20 minutes - large group simulation implementing strategies and tools

20 minutes - small group conversation circles discussing effectiveness of these strategies and tools

20 minutes - large group debrief, discussion of application of discoveries to own practice

5 minutes - workshop evaluation.

W10

Ryman II

Investing Wisely in Clinical Skills Technology – Considerations for Building, Renovating or Outfitting a Simulation Center

Tuesday, June 7, 2011

8:30 AM - 10:30 AM

Intended Audience: All Audiences

Paul J Donahue,¹ Amy Flanagan Risdal,² Theresa M Bernardo,¹ Joseph Byrd,² Joseph O Lopreiato².

¹Learning and Assessment Center, Michigan State University, ²NCA Medical Simulation Center, Uniformed Services University.

Overview:

This workshop will help participants make an educated judgment about how clinical skills software and technology could help or hinder their center's operations. We will discuss making an examination of their program's unique needs and primary goals by involving stakeholders, technologists and users of the facility.

Rationale:

The management of SPs, students, payroll, cases and research data is a challenge met by SP Educators every day. As programs expand, the workload grows as well, and many SP programs are considering implementing new technologies and often times the SP educator will be looked to for expertise on what technologies will go into a Clinical Skills Center. While the presentations of software and technology vendors are detailed and specific as to their product, what must also be considered are the changes a center must make to accommodate new technologies. Teamwork among educators, technologists and users of the facility is key. This session will equip the SP educator with a set of processes for coordinating input from a variety of sources so that the right technologies are selected and implemented to support their educational purposes.

**NOTE: This workshop WILL NOT compare specific software systems. It will instead give you tools and prepare you to evaluate what is best for your center.

Objectives:

By the end of the session participants will possess:

- An individual assessment of the participant's specific clinical skills software and technology needs.
- A personalized "Question Inventory" that will guide the construction, renovation or outfitting of a clinical skills center including discussion items for software and technology vendors.
- An understanding of the relationship between key technologies used in a clinical skills center.
- An example of an evaluation matrix that will aid in choosing the correct event management software for their facility.

Intended Discussion Questions:

The following activities and discussions will take place:

The Clinical Skills Quiz

Creation of a personalized "Question Inventory" for each participant

Evaluation Matrix

Sharing of Experiences.

Session Format/Activities:

The session will be in the following format:

5 min. Introductions and Overview

15 min. Exercise: Clinical Skills Quiz and Review

25 min Presentation: Outlining Your Program's Unique Needs

15 min. Presentation: Building Multidisciplinary Teams

15 min Exercise: The Question Inventory

25 min Presentation: Technology Considerations / Fitting It All Together

15 min Group Discussion: What Works for You? Sharing Our Experiences.

5 min Workshop Evaluations.

W11

Ryman III

Completing a Self-Study for Simulation Accreditation – A Work in Progress

Tuesday, June 7, 2011

8:30 AM - 10:30 AM

Intended Audience: All Audiences

Dawn M Schocken, Laura Haubner, Fred Slone, Laura Gonzalez, Deborah Sutherland. Center for Advanced Clinical Learning, USF Health.

Overview:

This workshop is designed to provide course participants an opportunity to begin the self-study process that is essential to complete an application for simulation accreditation. The process of a detailed analysis will assist the course participants in focusing their efforts in a comprehensive manner to complete a self-study at their home institution. Working in a team setting, each participant will design an effective self-study time line; designate simulation champions to help them complete their self-study; develop an activities checklist that will allow them to follow their timeline; and refine their data collection methods to efficiently combine necessary information with retrievable data. The goals for each course participant will be to begin to align their work within their institution to an accreditation process.

Rationale:

Simulation has developed over the past several years into a sophisticated, technology driven educational paradigm in all areas of healthcare: students, trainees, practitioners and faculty, each functioning as a stakeholder in the simulation centers. While funding sources for centers providing simulation have received a great deal of attention, governing bodies are requiring additional data that continually validates the simulation activities. Accrediting bodies have provided a method of organizing programs in a simulated setting to meet their designated mission while optimizing the Center's activities. Most simulation centers today provide educational programing that combines simulation activities including SPs and simulators. The use of multiple simulation modalities makes the accreditation process both richer and more complex in nature.

Objectives:

At the end of this session, the participants will be able to:

1. Identify team members from their home institution to complete a self study on the accreditation process.
2. Discuss the formation of the tasks, with a time line.
3. Detail a mission statement with their Center's goals, and objectives.
4. Outline their program evaluation process to reflect their mission statement.
5. Develop the forms necessary to collect their self-study data.

Intended Discussion Questions:

1. Who are your target key team members for self-study?
2. Identify the learners who access your facility.
3. Develop your curriculum to reflect your mission statement.
4. Discuss the SP/SP-hybrid/simulation based programs at your Center.
5. What type of data do you retain from your learners?
6. How do you evaluate your program?

Session Format/Activities:

1. Introduction to a Self-study - 15 minutes - Group Discussion
2. Identification of the key champions to complete a self-study - 15 minutes - Small group discussion, team presentation
3. Outline of the key tasks and time line - 15 minutes - Small group discussion, team presentation
4. Detail of the Mission Statement - 15 minutes - Large group discussion, Audience Response System refinement.
5. Identification of the learners and programs - 20 minutes - Small group work on form development, team presentation.
6. Discussion of program evaluation methodology - 20 minutes - Discussion, small team work, group presentation.
7. Overview and review of documents and submission process - 20 minutes - Discussion, Audience Response System, Q and A.

W12

McKissack I

Present! How To Make Your Presentations Shine

Tuesday, June 7, 2011

8:30 AM - 10:30 AM

Intended Audience: All Audiences

Jamie Roberts, Elizabeth Darby. NCA Medical Simulation Center, Uniformed Services University of the Health Sciences.

Overview:

Presenting at the annual ASPE Conference is a key part of each member's role in the organization--allowing individuals and organizations to share their best practices and ideas, while building professional credentials for the presenters themselves. Once you've decided to present, however, even the best idea can get mired in all of the words, concepts, hopes, and aspirations of the presenter. So how can we each take our presentations to the next level, and deliver the stellar presentation that everyone is talking about on the plane home from Nashville?

The purpose of this session is to lay out a method for moving from concept to final product as a presenter. We'll cover strategies for successful sessions, from fleshing out your concept to building your session to making the memories and sending the take-home tools that will keep your session on the hot topics list for years to come.

Rationale:

ASPE is continually growing, and with its growth, the opportunities for new presenters and different sessions expands as well. This session is designed for people who want to bring their conference presentations to the next level, whether they are considering presenting their first full session at an upcoming conference, or whether they have presented before and would like to refine their skills. Many of us teach and present as a part of our daily jobs, and so it's easy to feel like we know the ropes. But as every presenter will tell you, after their first or hundred-and-first session, we can all refine our skills! The ASPE Conference is as good as the content that we deliver, and so we all can do our part to make our conference offerings as rich and exciting as the diverse and interesting members of our association who come together each year for professional enrichment.

Objectives:

Great IDEAS start with these four skills:

- Identify what makes a good presentation idea into a great one
- Deliver your key points through structure and keyphrases
- Envigorate your presentation with teamwork--sessionbuilding for panels
- Activate your sessions using principles of interactive learning in new ways and a Special Toolbox for takeaways: tips to make your session's work keep on working!

Intended Discussion Questions:

- What makes a good presentation great?
- How can a session maximize learning with minimal resources?
- Which activities and interactive learning principles can make my session vivid?
- When can multimedia and technology enhance my session offering?
- How can panels move from talking heads to vigorous discussions and engaged audiences?
- Which takeaways provide the most powerful continuation of the session's conversation and learning?

Session Format/Activities:

Session will be designed using great presentation principles that we are learning, including discussion and activities in small groups that put these great ideas to work.

In the 120 minutes, we will include:

- an overview of key presentation concepts, including session creation, timing, subject matter, and refinement.
 - technology tips for bringing the session conversation together in the room, and extending it in the days following the conference.
 - handouts and tools to use in creating and delivering fantastic sessions and a chance to try some of them out!
 - small group discussions and activities around concept generation, building sessions as a team, and infusion of sessions with active learning in low tech and high tech ways.
- Bring your best and worst session ideas and experiences, and the creative team in the room will buff them to a fresh shine.

W13

McKissack II

Maintaining Creativity When Working with Standardized Patients (SPs)

Tuesday, June 7, 2011

8:30 AM - 10:30 AM

Intended Audience: All Audiences

Elizabeth K Kachur,¹ Lisa Altshuler². ¹Medical Education Development, ²Pediatrics, Maimonides Medical Center.

Overview:

Creativity is vital for progress in any field. It is often sought after but difficult to achieve. This workshop will explore strategies for becoming more innovative in the use of SPs in healthcare education. Personal and institutional barriers and facilitators of creativity in SP work will be examined, and possible solutions explored.

Rationale:

When developing new programs creativity can be a job requirement since many of the start-up challenges may demand novel solutions. Once a program becomes established, creativity becomes less of a concern. Since “standardization” typically is a key goal, it may even be contraindicated at times. However, every field needs new ideas in order to maintain its vitality, and creativity is important for the growth of individuals and institutions. Thus we need to explore strategies to keep thinking “out-of-the-box” in order to move our field to the next level.

Objectives:

By the end of the workshop participants should be able to:

- 1) Discuss different models and strategies of creativity and innovation
- 2) Identify personal and institutional barriers to creativity and innovation
- 3) List potential actions and programs that can foster innovations
- 4) Mentor others to “think out of the box”.

Intended Discussion Questions:

- 1) What was your most creative moment related to SP work, how did it come about?
- 2) How creative is medical education in general and SP work in specific at this time?
- 3) What are you personal and institutional barriers and facilitators of creativity?
- 4) How can you facilitate creative thinking in someone else?
- 5) What can you do within the next 6 months to become more creative?

Session Format/Activities:

10 min Welcome/Introduction

15 min Share Your Most Creative Moments in Medical Education (work in pairs, share with large group)

15 min Creativity and Innovation: Definitions and Models (presentation and discussion)

20 min Create a NEW Object (work in teams, share with large group)

15 min Personal and Institutional Facilitators and Barriers to Creativity (work individually, share with large group)

30 min Mentoring Others to Enhance Creativity (work in pairs, share with large group)

15 min Summary Exercise (list actions to enhance creativity in the following 6 months – reminder cards will be mailed half a year later).

Reference List:

Wallace P. Following the threads of an innovation. The history of Standardized Patients in medical education. Caduceus 13(2):5-28, 1997.

Irby DM, Wilkerson L. Educational innovations in academic medicine and environmental trends. J Gen Intern Med. 2003 May;18(5):370-6.

Johansson F. The Medici Effect. Boston, MA: Harvard Business School Press, 2006.

Sutton RI. The weird rules of creativity. Harv Bus Rev 2001 Sep; 79(8):94-103, 161.

PD14

Ryman I

Using the Dry Run To Standardize SP Performance for Maximum Quality

Tuesday, June 7, 2011

10:45 AM - 12:15 PM

Intended Audience: All Audiences

Linda J Morrison,¹ Mary T Aiello,¹ Carol Pfeiffer,² ¹Education & Curriculum, Southern Illinois University School of Medicine, ²University of Connecticut School of Medicine.

Overview:

Many elements go into the preparation of a Standardized Patient (SP) case for presentation, making SP training more of a continuum than an event. Careful casting begins the process and thorough (often multi-session) training is conducted. For high stakes examinations, a dress rehearsal (often called a Dry Run) may be employed as a final pre-examination event for an SP case, particularly when multiple SPs are involved. As this adds significant extra costs, care must be taken to employ Dry Run strategies efficiently and effectively. This session will discuss principles and guidelines for implementing Dry Runs and will explore the reasons for and conditions under which Dry Runs are used. Several models or variations of Dry Run will be presented and participants will be asked to share their models and experiences so that a recommended practices document can be drafted.

Rationale:

When using SPs for assessment, it is essential that their performance and checklist completion be accurate. If multiple SPs are being used for the same case, performances must be standardized as well. Extra training sessions, often called Dry Runs may be utilized and sometimes required.

Objectives:

Participants will be able to:

1. Describe the key elements to be considered when determining whether a case will undergo a Dry Run.
2. Identify the elements needed to maximize the benefit derived from the Dry Run.
3. Discuss the logistics needed for efficient and effective implementation of a Dry Run.
4. Learn several approaches for ensuring SPs are standardized: Dry Run, Video Practice, etc.

Intended Discussion Questions:

1. How/when do you implement Dry Runs/rehearsals and when are they not as necessary?
2. How do you structure a Dry Run to maximize its ability to inform dependable case performance?
3. Who do you want to involve in your dry run? Who do you get to interview/examine your SPs?
4. When not using Dry Runs, what strategies can be used to establish quality control?

Session Format/Activities:

5 minutes: Introduction of speakers and topic

30 minutes: Brief presentation of the programs developed at the two schools

20 minutes: Sharing of additional Dry Run models from participants

25 minutes: Consensus discussion of key activities, issues, and challenges

10 minutes: Summary and Wrap up.

Reference List:

Wallace, Peggy. Coaching Standardized Patients. Springer Publishing Company, NY. 2007.

PD15

Ryman III

An Overview and Discussion of the Literature: 2010 Publications Involving Standardized Patients

Tuesday, June 7, 2011

10:45 AM - 12:15 PM

Intended Audience: All Audiences

Karen Szauter. Internal Med / Office of Educational Development, University of Texas Medical Branch.

Overview:

The impact of standardized patient (SP) methodology reaches far beyond the originally described use of SPs. This session will engage participants in a review and discussion of the 2010 published literature that involved the use of standardized patients.

Rationale:

Applications of SPs have been reported in teaching and assessment activities in a broad range of healthcare disciplines. Keeping up with the published literature is a daunting task. A quick Medline review of the 2010 English language publications involving SPs resulted in excess of 100 articles. A focused discussion of the key current papers can be both enjoyable, and can stimulate ideas for program improvement or research.

Objectives:

1. provide a guided discussion of the published literature from 2010 involving SPs
2. discuss the unique applications of SPs in teaching, assessment, and research
3. guide participants through discussion on potential application of findings to their own programs
4. stimulate ideas for studies involving standardized patients.

Intended Discussion Questions:

1. What unique aspect of the use of standardized patients is presented in the summarized articles?
2. Consider ways that the use of the findings from the current literature can enhance your current program.
3. Do the papers presented offer ideas for further research?

Session Format/Activities:

The session will involve active discussion throughout with the participants.

Overviews of four types of papers will be presented

1. teaching with SPs
2. assessment with SPs
3. impact of portrayal on SPs and
4. research involving SPs

Approximately 20 minutes will be devoted to each of the four topics. This will be divided into presentation and discussion:

During the first ten minutes, an overview of selected papers from the 2010 literature will be presented. This will be followed by an open discussion with participants about the implications of the findings.

The session will close with a general discussion, focusing on opportunities to adapt the topics discussed for program improvement or research.

Participants will be provided with a bibliography of the SP literature from 2010.

PD16

McKissack I

Your First Publication: Getting Ready!

Tuesday, June 7, 2011

10:45 AM - 12:15 PM

Intended Audience: All Audiences

Ralitsa B Akins. ATACS Center, Paul L. Foster SOM, TTUHSC-El Paso.

Overview:

Working with SPs becomes a natural and expected component of medical education, especially now when medical schools are moving towards clinically integrated curricula. There is a growing body of literature around validity and reliability of SP encounters; yet many experienced SP trainers and simulation administrators are still without a voice due to lacking skills in contributing to the largely scientific body of literature.

Rationale:

Preparing the SP educators as contributors to the SP literature is an important strategic requirement in bringing our work and effort upfront and validating approaches and outcomes. The recognition of SP as a profession, and the SP educators as a professional field by the medical and educational public, is equally dependent on the regulation of the professional standards within ASPE, as well as publicizing our efforts in the professional education and simulation literature.

Experiences and lessons learned in preparing manuscripts for publication will be presented, starting from topic identification, to journal selection, to language and communications with Editors. The process may be new to many ASPE members, notwithstanding their experiences with SPs, and deserves proper attention and encouragement.

Objectives:

At the end of the discussion, the participants will be able to:

1. Describe the process of preparing and submitting a manuscript
2. Navigate the journal selection for manuscript submission
3. Decide on a topic that would be worth manuscript writing.

Intended Discussion Questions:

1. How do I know that I am ready to write a manuscript?
2. How to select the topic for my manuscript?
3. How to select a Journal that might be interested in my work?
4. How to find the requirements for writing a manuscript?
5. Who can help me with difficult things such as literature review, reference listing, study design?
6. Should I do it all alone? - Who are my co-authors? - How does networking help?
7. When do I need an IRB approval?
8. How much time/effort does it take? - Is it doable with my busy schedule?
9. What are the journal peer reviewers looking for?
10. Should I/Should I Not communicate with the Editorial Office?
11. What is in it for me? (or, Why do I need to do all that?)

Session Format/Activities:

The time allotted for this session is 90 minutes, distributed as follows:

1. Presentation of how to approach manuscript writing and submission, with suggested practical steps. [30 min]
2. Discussion of topics amenable for manuscript writing. Examples of own published materials. Discussion of when an IRB protocol is needed. [30 min]
3. Audience Leads - Q&A for all types of questions related to all types of publications; opportunity to peer-check ideas and expected difficulties; networking opportunities for possible projects among the participants [15 min]. Manuscript writing and publication is an important skill in validating and bringing to the forefront the successes and issues in working with standardized patients and simulation as a whole. The future sustainability of the field in medical education, training and competency maintenance partially depends on our ability to establish ourselves in a scientific way.

PD17

McKissack II

Utilizing SPs as Standardized Healthcare Providers – How Realistic Can They Be?

Tuesday, June 7, 2011

10:45 AM - 12:15 PM

Intended Audience: All Audiences

Lisa Altshuler,¹ Ingrid Walker-Descartes,¹ Revital Caronia,¹ Elizabeth K Kachur². ¹Pediatrics, Maimonides Medical Center, ²Medical Education Development.

Overview:

The goal of this session is to a) establish the validity of using non-clinicians as SHPs in Objective Structured Clinical Exams (OSCEs) and b) to identify some practice guidelines which can help with the implementation of such programs.

Rationale:

As clinical simulations expand to include inter-professional and inter-disciplinary scenarios we need to assess the validity and usefulness of having non-clinician standardized patients (SPs) portray standardized healthcare providers (SHPs). Hwang & Benken (2008) describe increased realism requirements as learner training level increases, highlighting the importance of ensuring well-trained and realistic SHPs.

When SPs portray “SHPs” they must go beyond learning the content, emotional tone and timing of the scenario. In order to achieve an acceptable level of realism they may also have to simulate a clinical vocabulary and medical knowledge-base. Such transformations can be challenging for the SPs as well as their trainers.

Objectives:

The objective of the workshop is to explore the feasibility of utilizing SPs as SHPs, to examine practice guidelines and training strategies that promote realism and educational value in such scenarios. Video clips of SHP scenarios, developed as part of an ongoing ASPE-funded research project, will be utilized to demonstrate some of the challenges faced in using SHPs. By the end of the session, participants should be able to:

1. Identify possible SHP case scenarios
2. Describe benefits and challenges of using SHP case scenarios
3. Delineate training issues and strategies that promote realism in such scenarios.

Intended Discussion Questions:

1. Can non-clinician effectively portray clinicians in an OSCE setting?
2. What challenges do non-clinician SPs experience when portraying clinicians during OSCEs?
3. What factors can enhance the training and successful use of non-clinicians for clinical roles?

Session Format/Activities:

10 min Brainstorm Possible SHP Training Scenarios (large group)

30 min Assessment of SHP case realism– review of 2-3 video clips and discussion (large group)

15 min Practice and SHP Training Issues (working in pairs, participants will identify case-specific guidelines for case scenarios from brainstorming exercise)

15 min General Themes in Practice and SHP Training (pairs report to larger group)

10 min Summary and Take Home Points.

Reference List:

Hwang JCF. Benken B. Simulated Realism: Essential, desired, overkill. In Kyle RR & Murray WB (eds). Clinical simulation. Operations, engineering and management. Burlington, MA: Elsevier, Inc, 2008.

Morgan PJ, DeSousa SL. Human considerations in health care simulation. In Loyd, Lake , Greenberg (eds). Practical Health Care Simulations. Philadelphia , PA : Elsevier Inc., 2004.

PD18

McKissack III

End of Life Simulation of Therapeutic Communication and Care Using Standard Patients and SimMan®

Tuesday, June 7, 2011

10:45 AM - 12:15 PM

Intended Audience: All Audiences

Kelly Tomaszewski, Carol Robinson, RuthAnn Brintnall. KCON, Simulation Center, Grand Valley State University.

Overview:

Clinical simulation of end-of-life (EOL) scenarios can give students the opportunity to learn the vital concepts of EOL care in a safe environment. At Grand Valley State University, we conducted a live simulation of therapeutic communication for EOL discussion with standard patients, and simulation of an actively dying patient, using one standard patient and SimMan®. The simulations were part of an elective EOL class, consisting of various undergraduate majors. A doctorate of nursing (DNP) student taped an interview of a model patient couple processing the recent bad news of a terminal diagnosis. The video was shown to the class, followed by a live interaction of the students with the model patients as they discussed which communication techniques were helpful. Three weeks later, the patient (now SimMan) was readmitted to our simulation lab with our model patient wife, and students were invited to participate in the care of the patient and his family while he died. Students originally were reticent to volunteer to participate in the death simulation. The faculty proceeded with the simulation, then offered to perform the simulation again with any student volunteers. Two undergraduate nursing students volunteered. During the debriefing, barriers to participating in the simulation, given the safe environment, were discussed. Feedback included discomfort with caring for the dying without more experience. This simulation underscored the need for further education for undergraduate nurses in palliation and EOL care.

Rationale:

Practicing nurses report that they have received very little undergraduate education in palliative and EOL care. Rarely does the student have the privilege of caring for someone who is actively dying. Using AACN and ELNEC competencies and course outcomes as a guide, simulations can provide the student insights into elements of care that seem to provide the most emotional distress for students: emotional support to patients who are dying (and their families), physical care, and postmortem care.

Objectives:

1. Review seminal literature in EOL simulation
2. Describe process of producing a clinical simulation for EOL using both standard model patients and SimMan®.
3. Discuss debriefing methods/results for students following the scenario.

Intended Discussion Questions:

1. What experiences have audience participants had with EOL simulation (non-BLS/ACLS focused)?
2. What barriers stand in your way to produce an EOL simulation in your environment?

Session Format/Activities:

Lecture and presentation of video clips from the simulations

Interactive dialogue following presentation.

Reference List:

- Leighton, K. & Dubas, J. (2009) Simulated death: An innovative approach to teaching end of life care. *Clinical Simulation in Nursing*, 5 (6), e223-e230.
- Schlairet, M.C. (2009). End of life nursing care: Statewide survey of nurses' education needs and effects of education. *Journal of Professional Nursing*, 25(3), 170-177. doi:10.1016/j.joprofnurs.2008.10.005.
- Smith-Stoner, M. (2009). Using high-fidelity simulation to educate nursing students about end of life care. *Nursing Education Perspectives*, 30(2), 115-120.
- Sperlazza, E. (2009). The power of pretend: Using simulation to teach end of life care. *Nurse Educator*, 34(6), 276-280.
- Thompson, G.T. (2005). Effects of end of life education on baccalaureate nursing students. *AORN Journal*, 82(3), 434-440.

TT5

Ryman III

Learner-Centered Feedback – Training SPs To Model the Behaviors of Patient-Centered Communication

Tuesday, June 7, 2011

1:30 PM - 2:30 PM

Intended Audience: All Audiences

Amelia M Wallace, Lorraine Lyman, Alba Woolard. Theresa A. Thomas Professional Skills Teaching and Assessment Center, Eastern Virginia Medical School.

Technique: During this session, participants will practice creating learner-centered feedback guides by utilizing current patient-centered behavioral techniques and scales.

Rationale: Learners are taught that eye contact and open body language with patients tend to convey that they are listening and interested in the patient. In the same way, we can train SPs that good eye contact and open body language facilitate more open communication between SPs and learners. These concepts and others like them are taught and/or reinforced to learners many times by way of measuring their behavior on scales that have been developed to measure patient-centered communication. Because of the variety of tools used to measure "patient-centeredness", training SPs to identify parallel uses for feedback from any tool often helps solidify understanding of that technique. It can also demonstrate the importance of adapting any technique to the surrounding context. By looking within SP methodology to create feedback guidelines for SPs, SP educators can train SPs to give feedback in a way that models the techniques that the SPs are using to measure the learners.

Objectives: Participants will gain knowledge of various communication scales as well as practice adapting these models into structure for SP feedback. These models will include the Master Interviewing Rating Scale and various scales used to teach Motivational Interviewing.

Session Format/Activities:

Exploration and discussion of different behavioral scales traditionally used to measure patient-centered communication. (15 minutes)

Adaptation of instruments - participants will then split into groups and adapt patient-centered communication scales to deliver learner-centered feedback. (25-30 minutes)

Group discussion and idea exchange of developed techniques (10-15 minutes)

PD19

McKissack I

Playing Together in the SP Sandbox: The Mid-Atlantic Consortium. How It Works, Why It Works and Lessons for Future Consortia

Tuesday, June 7, 2011

1:30 PM - 3:00 PM

Intended Audience: All Audiences

Joseph O Lopreiato,¹ Amy Flanagan,² Karen Lewis,³ Benjamin Blatt,⁴ Kathryn A Schaivone,⁵ Gayle Gliva-McConvey,⁶ Anne Chapin,⁷ Mary Donovan,⁸ Nicole Shilkofski,⁹ Tamara L Owens,¹⁰ Rose Zaeske¹¹.

¹Uniformed Services University of the Health Sciences, ²Uniformed Services University of the Health Sciences, ³George Washington University, ⁴George Washington University, ⁵University of Maryland,

⁶Eastern Virginia University, ⁷University of Virginia, ⁸Georgetown University, ⁹Pediatrics and Anesthesiology/Critical Care Medicine, Johns Hopkins University School of Medicine, ¹⁰Dean's Office, Howard University, ¹¹Johns Hopkins University.

Overview:

Collaboration among clinical skills centers can provide benefits and opportunities not available to individual institutions. The collective wisdom and the efficiencies inherent in consortia can be used by SP managers and educators to better manage their educational mission. In this workshop, we will explain the nuts and bolts operation of the mid Atlantic consortium, a seven-year-old collaboration among several medical schools in the mid Atlantic region of the United States. This consortium has successfully produced common comprehensive clinical skills examinations for medical students and created common templates for standardized patient script creation and assessment. We will explore the challenges and opportunities inherent in consortia among disparate academic institutions and how we overcame them. We will also describe the research opportunities available to the consortium and our efforts at quality control using the power inherent in multi-institutional data analysis. We will answer questions on costs, travel, meeting structure, leadership and administration of our consortium. Our experiences and operating procedures may be of benefit to schools considering forming consortia with other clinical skills centers.

Rationale:

In this era of tight budgets and expanding roles for clinical skill courses, optimization of resources is crucial. Forming consortia between centers with like goals and objectives can take advantage of collective SP case development, quality assurance and cost. Additional benefits include research opportunities that involve larger sample sizes than one institution can generate on its own and a chance to collaborate and enjoy fellowship among SPE's from several centers.

Objectives:

Goal: To understand the operations and maintenance of a collaborative clinical skills consortium

Objectives: At the end of this session, participants will be able to:

Describe the purpose of a clinical skills consortium

List pros and cons for a consortium

Describe the process of collaborative SP case development and joint quality assurance

Discuss the research potential for a consortium

Be able to brainstorm among like minded centers on how to form their own consortium.

Intended Discussion Questions:

1. How did our consortium begin?
2. How do we sustain our consortium?
3. How do we share resources?
4. What benefits have accrued?

Session Format/Activities:

0:00-15:00: Introductions

15:00-60:00: Panel discussion on the operations and maintenance of our consortium

60:00-90:00: Q and A from the audience.

W14

Ryman I

Guiding the SP through a Self-Reflective Debrief

Tuesday, June 7, 2011

1:30 PM - 3:30 PM

Intended Audience: Veteran

Kevin Hobbs, Lorena Dobbie, Jacquie Jacobs. Standardized Patient Program, University of Toronto.

Overview:

This session will focus on the concept of self-reflection and how self-reflection fits within the context of the SP debrief. We will discuss tools that SP trainers can use to enhance reflection, leading to better SP feedback in teaching situations. This technique is also useful for a trainer or supervisor who debriefs assessment SPs, helping the SP clarify what was effective and less-effective about their work that day. The presenters will address the benefits of using the SP/Facilitator Self-Reflection Guide.

The techniques and methods participants take away from this session can be applied to all levels of inter- and intra-professional interactions.

Rationale:

After an educational session we offer our SPs the opportunity to gather as a group and debrief for about half an hour, discussing the roleplay experience. The debrief focuses on the SP experience rather than the learner/candidate experience.

We begin by having our SPs fill out our SP/Facilitator Self-Reflection Guide. The debrief is then guided by a supervisor or trainer who utilizes self-reflective questions. A common self-reflective question might be, "What did you learn today?" These questions focus our SPs on process: what works, what can be improved. Also, these questions allow SPs the opportunity to share experiences and learning points with colleagues. Since we have started asking these questions, we have noted that many of our SPs have become more confident, and there is a marked improvement in their ability to do the work.

This type of confidence building and work improvement can be translated to SPs who are involved in assessment.

Objectives:

Participants will:

Gain a better understanding of self-reflection

Practice formulating self-reflective questions

Be introduced to the SP/Facilitator Self-Reflection Guide.

Intended Discussion Questions:

What is self-reflection?

What are the challenges when focusing SPs towards self-reflection?

What is a self-reflective question?

How can self-reflection hone an SPs skills, either in an educational context or in assessment?

Session Format/Activities:

5 min. Introduction

15 min Think/Pair/Share

Discussion of the definition of self-reflection

15 min Didactic

Discussion of rationale

15 min Reflective Exercise

20 min Large group modeling

The language of Self-Reflection

45 min Small group exercise

5 min Questions.

Reference List:

Boud D Keogh and Walker D (1985) Reflection: Turning Experience into Learning; Kogan Page, London.

Brady, DW, Corbie-Smith, G, Branch, WT. 2002 "What's important to you?" The use of narratives to promote self-reflection and to understand the experiences of medical residents. Annals of Internal Medicine; 137 (3):220-223.

Eraut, M (1994) Developing Professional Knowledge and Competence; Falmer Press, London.

Merriam, S and Caffarella, R (1999, 2nd ed) Learning in Adulthood; Jossey Bass, San Francisco.

W15

Ryman II

Planning an Inter-Professional Simulation Project: Tips for Design and Implementation

Tuesday, June 7, 2011

1:30 PM - 3:30 PM

Intended Audience: All Audiences

Amy Lawson, MD¹, Beth Haas, MPH², and Gail Rea, PhD². ¹Standardized Patient Program, Washington University School of Medicine, ²Clinical Simulation Institute, Goldfarb School of Nursing at Barnes-Jewish College.

Overview:

Inter-professional collaborations can be powerful educational experiences for all involved, but their complexities require careful planning. Using short didactic and longer discussion sections, this workshop will address important topics in planning and implementing inter-professional projects, such as developing objectives, anticipating logistics, preparing materials and debriefing learners. Participants with similar interests will be grouped, and structured small group discussions will ensure that participants leave the session with a vision for designing and implementing their own projects.

Rationale:

Practitioners in all health care professions must work effectively in teams to deliver high-quality and safe patient care. Because of their large scope, inter-professional collaborations can be daunting to design and implement. Those who have successfully initiated collaborations have important lessons to share that will help others avoid the need to “reinvent the wheel.”

Objectives:

- (1) Participants will identify potential collaborative opportunities at their own institutions
- (2) Participants will draft objectives and recognize their importance for successful implementation of a collaborative project
- (3) Participants will begin to consider project logistics including planning needs, resources, and evaluation methods
- (4) Participants will understand debriefing purpose and techniques
- (5) Participants will leave the session with an outline for a future collaborative project

Intended Discussion Questions:

- (1) What type of inter-professional collaboration do you wish to add to your curriculum?
- (2) What do you want students to learn from this experience?
- (3) What objectives do you wish to accomplish through your collaborative project?
- (4) What are your resources? (Personnel, time, money, materials needed, space, simulators, cases, checklists, evaluation tools, etc)
- (5) What are your barriers?

Session Format

- (1) Assess audience to identify areas of commonality and allow for formation of small groups sharing similar interests (10 min)
- (2) Presentation of a successful inter-professional collaborative project, from inception to planning to outcomes (15 min)
- (3) Small group discussions centering around important topics for design and implementation , with each section introduced by presenters and guided by discussion questions (approximately 15 minutes each, 60 minutes total)
 - a. Objectives
 - b. Logistics
 - i. Planning
 - ii. Implementation
 - c. Materials needed
 - d. Debriefing
- (4) Small groups present ideas to the large group (20 min)
- (5) Question and answer session (10 min)

W16

McKissack II

Designing the Standardized Patient Center of the Future

Tuesday, June 7, 2011

1:30 PM - 3:30 PM

Intended Audience: All Audiences

Malvin Whang,¹ Patti Mitchell,² Kris Slawinski,³ Jennie Struijk,⁴ Alexa Fotheringham⁵. ¹SimCenter Design, Harley Ellis Devereux, ²Capital Programs Facilities Management, University of California San Francisco, ³Medical School Education, University of Chicago, ⁴School of Medicine, University of Washington, ⁵Simulated Patient Program, Dalhousie Faculty of Medicine.

Overview:

Building a standardized patient facility is a formidable undertaking for any group practicing simulation and standardized patient programs. Whether in educational or service settings, the complexities of building a standardized patient facility can be daunting. Regardless of the scale and scope of projects, standardized patient center design and construction will require multi-disciplined teams of experts to work closely and coordinate for successful project outcome.

The workshop is a charette, an intense design session, to design the Standardized Patient Center of the Future. The design process starts with developing the goals of the facility. Once the goals and mission are agreed to by the group, the facility is programmed. During programming, physical spaces are allocated and determined. The final phase of the design process will be to locate the spaces within a building shell.

As architectural design is problem based learning, debriefing is an integral part of the learning process. Once the designs are finalized, each group will present their design and feedback will be provided by the facilitators and other groups.

Rationale:

Presenting detailed process for designing a standardized patient facility does not present the dynamic nature of design efficiently. Simulating the process presents the challenges of working in groups and solving problems together in a more realistic manner.

Objectives:

Participants will learn the fluid nature of the design process where decisions affect many other decisions.

Participants will gain an understanding of prioritizing needs and realities of physical constraints.

Participants will learn to transform educational needs and pedagogy into physical space.

Intended Discussion Questions:

What are the educational priorities for your facility?

How do the make up of the end users differentiate the physical spaces?

What are other design considerations other than simply housing your programs?

What innovations can be incorporated into the facility?

Session Format/Activities:

Introduction 5 min Kris Slawinski – explain desire to do hands on workshop

Background 5 min Malvin Whang – architectural education similarity to simulation/debrief

Direction 5 min Malvin Whang – info on steps, advisors, packets

Plan 20 min Facilitators– roam the tables, advise, answer questions

Divide into groups, select a leader – suggest by affiliations or disciplines, Mission & Vision of the Standardized Patient Center for this group – everyone has to buy in

Programming – parts and pieces of this facility, functionalities

Design 30 min Facilitators– roam the tables, advise, answer questions

Innovation – design 1 innovation for the facility to present

Transition 10 min - setup drawings

Review/Debrief 45 min

Each group to present their respective mission, vision, program and innovation.

W17

McKissack III

The Art and Science of Facilitation: Engaging the Teacher Learner Partnership

Tuesday, June 7, 2011

1:30 PM - 3:30 PM

Intended Audience: Veteran

Kerry A Knickle, LLM (ADR), and Nancy L McNaughton, MEd PhD(abd). Standardized Patient Program, University of Toronto.

Overview:

Facilitation for small group teaching is becoming an important and desirable skill for the educator repertoire. The transition from didactic learning to the experiential small group process is more challenging than many assumed; not necessarily an easily transferable skill. The facilitation process requires strong communication skills and an integrated awareness of personal and professional dynamics.

Rationale:

Unconditional positive regard and an unrelenting commitment to the needs and concerns of SP educators, trainers and SPs are a driving force for effective learning. Modeling effective communication and the delivery of meaningful feedback is a critical element of facilitated conversation. Each teaching challenge spawns an opportunity to acquire a more complex toolbox of skills to share between learner and facilitator, resulting in a satisfying reciprocal process.

The principles of adult learning situate the learner as an autonomous thinker with individual perceptions and world view, motivated to engage in theoretical and practical learning

Objectives:

This interactive session provides SP educators, trainers and SPs an opportunity to explore the challenges and fears in small group teaching. Effective facilitation skills are broadly applicable in both high tech virtual and live simulation encounters across all practical learning contexts.

Interactive exercises, feedback and facilitated discussion are designed to encourage participants as they reflect on and practice effective facilitation approaches that optimize the diverse contexts of the learner experience. Live simulation will stimulate discussion and shared problem-solving.

Participants will:

- Reflect on the efficacy of their teaching style and approach.
- Compare and discuss the challenging learner issues.
- Review and model useful facilitation/debrief techniques and communication strategies.
- Facilitate or observe a simulated teaching session to maximize group learning.
- Actively engage in group problem solving exercises.

Intended Discussion Questions:

Discussion and questions are directly related to the learning objectives for facilitation integration and practice. Difficult learners, challenging group dynamics and communication challenges are some of the issues included in the facilitated dialogue with participants.

Session Format/Activities:

Integrating adult learning principles with facilitation and debriefing practice

Interactive exercises which promote reflection and exchange of ideas

Problem solving exercises

Voluntary participation and facilitated feedback in a collegial environment

Question and answer opportunities

TT6

Ryman III

Training Patients To Be Standardized Patients

Tuesday, June 7, 2011

2:45 PM - 3:45 PM

Intended Audience: Veteran

Liz Ohle. Standardized Patient Program, Memorial University of Newfoundland.

TECHNIQUE

Standardized Patients assist medical students as they become proficient in techniques and familiar with the parameters of normal anatomy. In clerkship rotations, students then practice these skills with patients under the supervision of residents and physicians in a clinical setting.

It is beneficial to provide an incremental step in skill development by including formative opportunities with Standardized Patients WITH stable medical findings. We call these Teaching Patients. Specific training of the Standardized Teaching Patients is needed for these unique sessions.

RATIONALE

As standardized patient methodology has grown, the values have been clearly articulated. The advantages of using Standardized Patients are maintained during formative sessions with Teaching Patients. Students fully explore a patient's history and physical findings without the time constraints and anxieties that exist in the clinical setting.

OBJECTIVES

This session will focus on the specific needs in recruiting and training Standardized Patients for this portion of the curriculum. This includes:

- Appropriateness of the medical condition for the student's level of knowledge.
- Development of the individual presenting 'complaint' of the patient to simulate an actual doctor/patient encounter.
- Ensure the teaching patient is protected from excessive, or improper exam techniques.
- Require the student to ask the necessary questions to uncover the history.
- Train the teaching patient NOT to include all aspects of a complex medical history for findings irrelevant to the presenting complaint.
- Assure that the Teaching Patient does not have 'axes to grind' regarding incomplete or frustrating experiences they had within the medical system.

FORMAT

The training technique session will explore each of these training considerations and will allow time for discussion of the following in pairs and in small groups:

- How do students currently get 'hands on' experience with people with medical findings?
- Do you have experience incorporating patients with medical findings into your curriculum?
- What are the merits and controversies of including SPs with medical findings into SP programs?

Detailed Daily Schedule

Wednesday, June 8, 2011

8:00am – 9:00am	Breakfast	<i>Boone/Crockett</i>
8:30am – 9:00am	Grants and Research Project Updates	<i>Boone/Crockett</i>
9:00am – 9:15am	Break	
9:15am – 12:15pm	Breakouts	
9:15am – 12:15pm	Invited Programming – WOWs (Workshops on Wednesday)	
	WOW1 The Blood and Guts of Case Portrayal - How to Increase Realism with Moulage and Props on a Budget Presenters: Brent S Biggs, Mary Mickelson and Sarah Middlemas	<i>McKissack I</i>
	WOW2 The Prevention, Identification and Remediation of SP Management Issues Presenters: Valerie Fulmer, Barb Eulenberg, Amelia Wallace, Lorraine Lyman, Patrick Wallace, Mary Aiello, Linda Morrison, Gayle Gliva-McConvey and Jamie Pitt	<i>McKissack II</i>
	WOW3 Sim WOW: Integrating Human and Mechanical Simulation To Engage Early Clinical Students Presenters: Carol A Pfeiffer and James K Behme	<i>McKissack III</i>
	WOW4 Pushing the Boundaries on SP Cases at Two Institutions: Developing Longitudinal, Holistic, Multi-Layered Patient Scenarios Presenters: Charles Kodner MD, Ezra Cohen DC, Carrie Bohnert, Scott Heflin, and MacLean Zehler	<i>Ryman I</i>
	WOW5 Effective Conflict Resolution Presenters: Artis Ellis and Peter O'Colmain	<i>Donelson</i>
	WOW6 Tricks of the Trade – Program Management Basics Presenters: Pam Cobb, Patricia G. Houser and Gayle Gliva-McConvey	<i>Ryman II</i>
	WOW7 Foundations of Debriefing for Simulation-Based Learning Presenters: Cathy Smith, Stan Rogal, Lorena Dobbie, Kevin Hobbs, and Jacquie Jacobs	<i>Ryman III</i>
12:15pm – 1:45pm	Closing Luncheon President's Remarks	<i>Boone/Crockett</i>

WOW1

McKissack I

The Blood and Guts of Case Portrayal – How To Increase Realism with Moulage and Props on a Budget

Wednesday, June 8, 2011

9:15 AM - 12:15 PM

Intended Audience: All Audiences

Brent S Biggs,¹ Mary Mickelson², Sarah Middlemas³. ¹Clinical Skill Examination Collaboration of Houston, ECFMG, ²Clinical Skill Examination Collaboration of Los Angeles, ECFMG, ³University of Michigan Medical School.

Overview:

During this workshop, participants will discuss the benefits and challenges of both creating and using props in simulations. Session presenters will be exploring and demonstrating various Moulage techniques and inexpensive methods of creating physical props for increasing the level of realism in patient encounters. Participants will work in pairs to create simulation aids. Facilitators will supply materials and guide the audience step-by-step in creating numerous simulation aids like bruises, blood, vomit, and stool samples.

Objectives :

- Explore how Moulage and props can increase realism and aid in better education of medical professionals.
- Demonstrate as a group that safe and realistic simulation props can be created with a minimal time and a restricted budget.

Schedule

10 minute-Greeting and Ice breaker

5 minute Discussion of Session objectives

10 minute History of Moulage

15 minute Discussion usage of Moulage in Education Programs

30 minute Basic Moulage techniques- creating and applying various bruises, scrapes, dermal irritations, and symptoms of shock and smoke inhalation*

10 minute Break

30 minute - Step-by-step "prop" creations- blood, vomit, stool samples and bile*

20 minute- Hand cyst creation and implementation.

30 minute -Open forum discussion about adding realism to scenario presentations and group brainstorming (Scenarios).

10 minutes- Review of take-home materials

10 minute-Closing remarks

The Prevention, Identification and Remediation of SP Management Issues**Wednesday, June 8, 2011****9:15 AM - 12:15 PM****Intended Audience: All Audiences**

Valerie Fulmer¹, Barb Eulenberg², Amelia Wallace³, Lorraine Lyman³, Patrick Wallace³, Mary Aiello⁴, Jamie Pitt⁵. ¹University of Pittsburgh School of Medicine, ²Rosalind Franklin School of Medicine and Science, ³Eastern Virginia School of Medicine, ⁴Southern Illinois School of Medicine, ⁵Washington University of St. Louis.

Overview:

One of the challenges inherent in working with any group of people is dealing with personality and performance issues that inevitably arise. This multi school presentation will address strategies for proactive selection, prediction, identification, remediation and documentation of bothersome SP behaviors related to personality or performance.

Objectives :

- Participants will discuss and develop techniques and corrective measures to document, assess, and improve SP performance.
- Participants will be introduced to a quality prediction and remediation module that incorporates current methodology, and is adaptable to most programs.
- Screening techniques and document templates will be provided for the purpose of tracking of SP performance over time, in order to provide consistent feedback to SPs and to program directors regarding performance.

Schedule:

- 9: 15-9:25- Introduction
- 9:25-10:10- (Valerie Fulmer and Barb Eulenberg) focus on documentation of **interviewing, training, and yearly reporting of SP performance**. A preventative measure to problematic issues is documentation and consistent reporting to individual SPs and to program directors. Handouts will be provided.
- 10:15-11:00- 10:15-11:00- (Amelia Wallace, Lorraine Lyman and Patrick Walker) “Triangular approach”....which focuses on **underperformance of the SP after the hiring** process, providing a prediction and remediation module that is sensitive to philosophies from linguistics, behavioral science, performance and education blended with current methodology used in training learners as well as SPs.
- 11:00-11:15 Break
- 11:15- 12:00 - (Mary Aiello and Jamie Pitt) **“Resolving Bothersome Standardized Patient Behaviors”** will look at possible underlying motivations and discuss strategies for alleviating problem behaviors, that aren’t necessarily performance related but personality related. We will discuss strategies, techniques and corrective measures for working with dysfunctional behaviors or types.

WOW3

McKissack III

Sim WOW: Integrating Human and Mechanical Simulation To Engage Early Clinical Students

Wednesday, June 8, 2011

9:15 AM - 12:15 PM

Intended Audience: All Audiences

Carol A Pfeiffer, James K Behme. Medicine, University of Connecticut.

Overview: This workshop will allow participants to explore the introduction of first and second year students to mechanical simulation in developmentally appropriate ways. Through the sharing of experiences, review of the literature, video demonstration and small group collaboration, participants will become more familiar with educationally sound principles of the design, implementation and assessment of simulation activities for early clinical learners using both mechanical and human simulation.

Rationale: Multiple studies have demonstrated the effectiveness of simulation across the continuum of medical education in the teaching and assessment of medical knowledge, procedural skills, teamwork and communication. Increasing the incorporation of mechanical simulation in pre-clerkship medical education may help engage learners and improve educational outcomes by fostering the affective impact of learning activities; encouraging an early appreciation of team skills and communication in patient care settings; and increasing comfort and familiarity with mechanical simulation learning environments. The breadth of current simulator options available challenges educators with deciding how to apply this technology to achieve the most effective simulation-based learning opportunities.

Objectives: At the end of the workshop participants will be able to:

1. List several principles for effective use of mechanical simulation with early clinical students.
2. Write objectives and design a learning activity involving mechanical and human simulations.
3. Collect several templates of simulator learning activities for adaptation at their home institution.

Session Format/Activities:

915-9:30:	Participant introductions and goals of the workshop
9:30-9:40	Literature Review
9:40-10:00	Description of UConn Program: video demonstration
10:00-10:20	Large Group Discussion
10:20-10:35	Break
10:35-11:35	Small Groups: Design a simulation (participants grouped by shared topic interests) <ul style="list-style-type: none">• Write several learning objectives for sessions for early clinical learners that are of common interest to your small group.• Choose the learning objectives that participants would like to design new activities for.• Discuss how mechanical and human simulation can be used to help meet these objectives. Which objectives do not work well with simulators? Finalize the learning objectives.• Design a learning activity that incorporates mechanical and human simulations to achieve these objectives.• Design an assessment to determine how effectively the learning objectives have been met.• Determine how to evaluate the impact of mechanical simulation and/or human simulation on the effectiveness of the session.
11:35-12:05	Share and discuss templates from Small Groups
12:05-12:15	Wrap-up and Evaluation

Pushing the Boundaries on SP Cases at Two Institutions: Developing Longitudinal, Holistic, Multi-Layered Patient Scenarios**Wednesday, June 8, 2011****9:15 AM - 12:15 PM****Intended Audience: All Audiences**

Charles Kodner MD¹, Ezra Cohen DC², Carrie Bohnert¹, Scott Heflin¹, MacLean Zehler². ¹University of Louisville School of Medicine, ²National University of Health Sciences.

Overview

SPs can be effective whole-person presenters with carefully constructed cases portraying subtle combinations and levels of patient background information that impacts on communications, compliance, and likelihood of successful long-term outcomes. Two health care education institutions team up to present conceptual and practical aspects of longitudinal standardized patient encounters. SP 'follow-up' visits allow for exercising student skills over time. Attendees will learn the architecture of both programs, including learning objectives, SP recruitment/selection, case writing, SP training, scheduling, student evaluation, program evaluation, and more. Similarities and differences between programs will be explored to create greater options to 'take home'.

Rationale

In reality patient presentations are subtle layers of diagnostic issues, a variety of care/ integrative care opportunities, emotional stressors, ethical and legal dilemmas, and sometimes emergencies that necessitate quick and effective response. Both programs provide insight into disease progression, patient charting, medical ethics, information sharing, and many other content areas that were previously addressed in single-session SP encounters. Both programs use multiple-encounters with a given patient to enhance both clinician-skills and SP-feedback. One program does this by pairing the same SP with the same student for 18 visits throughout a two year course to address the brand-new-patient factor and the continuity of care factor. The other program challenges students with nine different patients in one term, each being seen for 3 visits. We will discuss multiple aspects of both programs from the lens of faculty, staff, SP, and student. We will share challenges both programs faced and the incredible number of unanticipated benefits that emerged along the way.

Objectives

Participants will be able to describe an approach to incorporating holistic, longitudinal, continuity-based patient content into their preclinical training using standardized patients. Specifically participants will be able to:

1. Describe the benefits and challenges of using longitudinal SP cases
2. Determine interest in, and barriers to, incorporating longitudinal SP cases in their curriculum
3. Describe ways to define or outline longitudinal SP case content that matches their overall curricular goals
4. Write cases combining condition-specific diagnostic and therapeutic goals with underlying health philosophy, life-issue, emotional, and ethical/legal issues common in primary care.
5. Prepare SPs to negotiate treatment options with the students and to engage in one or more follow-up visits with pre-planned improvement or worsening of condition

Session Format/Activities

1. Project Overview
2. The Patient Cases
3. SPs as Longitudinal Coaches
4. Project Benefits and Challenges

WOW5

Donelson

Effective Conflict Resolution

Wednesday, June 8, 2011

9:15 AM - 12:15 PM

Intended Audience: All Audiences

Artis Ellis, Peter O'Colmain. Houston Center, ECFMG, Los Angeles Center, ECFMG.

Short Description

The primary focus of the workshop is to present knowledge and practical example of how to develop effective conflict resolution skills. The participant will gain a greater understanding of how to handle different types of behaviors that are typically at the root of workplace conflicts.

Objectives

This presentation will help the audience sharpen their skills and learn to respond to conflict with confidence. Participants attending this session will have an opportunity to perform and score a detail self assessment of their conflict style. We will present a range of options of how to communicate, lead by example, and gain the skills needed to become a well rounded team.

WOW6

Ryman II

Tricks of the Trad – Program Management Basics

Wednesday, June 8, 2011

9:15 AM - 12:15 PM

Intended Audience: Novice

Pam Cobb¹, Patricia G. Houser², Gayle Gliva-McConvey¹. ¹Eastern Virginia Medical School, ²Uniformed Services University.

Overview:

SP Educators are challenged with a wide range of daily responsibilities while running a Standardized Patient program/center. Whether a program has one or several staff, a solid infrastructure and defined procedures help to run an effective, growing and successful program.

Rationale:

Administrating a program has challenges for all institutions or programs. The use of SPs has grown exponentially over the past years and what was once a few events with a nominal number of SPs have, for many institutions, become a steady stream of complex, multi-case, multi- day events. Recruiting, tracking and communicating with an ever-expanding base of constituents, maintaining operational procedures, meeting deadlines, providing reports and confronting daily problems challenges the best of us. There are a few common tools and those designed specifically for program management that can vastly simplify what can be an overwhelming series of tasks.

Objectives:

1. The participant will be aware of successful strategies and procedures in administrating a program
2. The participant will share knowledge about short-cuts and tools that allow the SP Educator who manages the daily implementation of a program work “smarter not harder”
3. The participant will help create a handbook of helpful administrative hints

Course Schedule:

The presenters’ goal is to stimulate discussion and shared experiences. After each topic presentation, the participants will break into small working groups and contribute their own experiences and ultimately develop a “handbook” of helpful administrative hints.

Sample materials for distribution reviewed and distributed

9:15 – 9:25	Meet, Greet & Agenda
9:25 – 10:15	Short-cuts and tools to make the recruitment, scheduling and communications with large number of SPs more manageable
10:15 – 10:45	Nurturing & maintaining SPs Small groups
10:45 – 11:00	Break
11:00 – 12:00	SP & Basic management Procedures Small groups
12:00 – 12:15	Wrap up

WOW7

Ryman III

Foundations of Debriefing for Simulation-Based Learning

Wednesday, June 8, 2011

9:15 AM - 12:15 PM

Intended Audience: All Audiences

Cathy Smith, Stan Rogal, Lorena Dobbie, Kevin Hobbs, Jacquie Jacobs. University of Toronto.

Overview

In this interactive workshop, participants will delve into the basics of debriefing for simulation-based learning in health professional education. There will be opportunities to apply concepts introduced to simulated activities and to a debriefing of the ASPE 2011 conference experience. Participants will acquire strategies and tools that they can apply to their individual contexts. Activities include discussion, interactive simulation, large and small group conversation circles, and opportunities for individual and group reflection.

Rationale

The experiential nature of simulation-based learning within health professional education involves a complex interaction of theory, practice, reflection, analysis and an opportunity to practice again that ideally takes place over a sustained time period. Learners are guided to set their own goals and to make sense of events for themselves. Often, situations are ambiguous and can provoke strong emotions, forcing learners to face, question and even change skills and attitudes. This is a demanding environment for both learner and educator.

Debriefing is identified as an essential component of simulation-based learning, providing a structured period for the facilitation of reflection and analysis for individuals, groups and teams. As SP educators, we are increasingly involved in debriefing learners and/or SPs involved in various simulation fidelity contexts.

While debriefing originated in the military, there is little in the literature that has been written about how to teach it or learn it effectively within a health professional context. What has been written is often related to specific protocols and contexts that are not always generalizable. Debriefing is also sometimes referred to as a form of feedback. While related to feedback, it is a distinct activity that demands a unique skill set. This workshop will focus on an exploration of the foundations of debriefing for SP educators.

Intended Learning Objectives

1. Explore the rationale for debriefing.
2. Investigate specific components of an effective debriefing session.
3. Acquire experience applying debriefing strategies and tools.
4. Evaluate this process.
5. Reflect on applications to their own practice.

Proposed Format

10 minutes	- Introductions - Workshop Learning Objectives - Overview of workshop structure
20 minutes	- Individual and group reflection using a think/pair/share exercise
60 minutes	-Presentation, interactive simulation exercises & discussion
15 minutes	- Health Break
40 minutes	- Large and small group debrief of the conference using concepts introduced
30 minutes	- Debrief of the “debrief” and workshop
5 minutes	- Workshop evaluation

ASPE Board Officers

President

Karen L. Reynolds, Southern Illinois University School of Medicine

President Elect

Gayle Gliva-McConvey, Eastern Virginia Medical School

VP Finance

Donald J Woodyard, University of North Carolina

VP Operations

Amber Hansel, SUNY Upstate Medical University

ASPE Board Committee Chairs

Conference Committee:

Mary Cantrell, University of Arkansas for Medical Sciences

Education & Professional Development Committee:

Amy Smith, Marshall University Joan C. Edwards School of Medicine

Finance:

Donald J Woodyard, University of North Carolina

Grants & Research:

Cate Nicholas, University of Vermont College of Medicine

Membership:

Denise Souder, University of Southern California

Publications and Website:

Jennie Struijk, University of Washington School of Medicine

Standards of Practice:

Heidi Lane, Nova Southeastern University

International:

Karen Barry, University of Birmingham, United Kingdom

ASPE Member Liaisons

Holly Gerzina, Northeastern Ohio Universities Colleges of Medicine and Pharmacy
Liz Ohle, Memorial University of Newfoundland

Committee Information

CONFERENCE COMMITTEE

Chair: Mary Cantrell
Director, Center for Clinical Skills Education & Standardized Patient Program
University of Arkansas for Medical Sciences, USA

Committee Members:

Karen Barry (U of Birmingham, UK)
Alice Buss (Tulane U School of Medicine, USA)
Grace Gephhardt (Arkansas Children's Hospital, USA)
Jamie Roberts (NCA Medical Simulation Center, USA)

Subcommittee for Conference Submissions & Program Development:

Chair: Grace Gephhardt (Arkansas Children's Hospital, USA)

Subcommittee Members:

Valerie Fulmer (U of Pittsburgh School of Medicine, USA)
Beth Harwood (Dartmouth Medical School, USA)
Cathy Smith (U of Toronto, Canada)
Karen Szauter (U of Texas Medical Branch, USA)
Tonya M. Thompson (U of Arkansas for Medical Sciences, USA)

Regional Representative:

Lisa Rawn (Vanderbilt University School of Medicine, USA)

Mission: It is the sole purpose of the Conference Committee to plan, develop, and produce the ASPE Annual Conference in conjunction with all of the individuals and committees who play a role in the conference planning process. The Conference will reflect ASPE's overall mission to offer professional development to members, to advance research and scholarship in the field, and to provide a forum to set standards of practice.

EDUCATION AND PROFESSIONAL DEVELOPMENT COMMITTEE

Chair: Amy Smith, RN
Assistant Director of Medical Education
Clinical Skills Coordinator
Marshall University Joan C. Edwards School of Medicine

Committee Members:

Ralitsa Akins (Texas Tech U, USA)
Debbie Arnold (Lehigh Valley Health Network, USA)
Patty Bell (Uniformed Services University, USA)
Carrie Bohnert (U of Louisville, USA)
Janie Boyer (Ohio State U, USA)
Connie Coralli (Emory U School of Medicine, USA)
Amy Cowperthwait (U of Delaware, USA)
Heather Frenz (Albany Medical College, USA)
Gayle Ann Gliva-McConvey (Eastern Virginia Medical School, USA)
Beth Harwood (Dartmouth Medical School, USA)
Ellen Hoban (West Virginia U, USA)
Anna Howle (Uniformed Services University, USA)
Jonathan Macias (U of Texas at El Paso, USA)
Win May (Keck School of Medicine, USA)
Isle Polonko (U of Medicine & Dentistry of New Jersey, USA)
Amy Smith (Lehigh Valley Health Network, USA)
Cathy Smith (U of Toronto, Canada)
Ancuta "Anca" Stefan (Touro U College of Medicine)
Romy Kittrell Vargas (Tulane U School of Medicine, USA)
Amelia Wallace (Eastern Virginia Medical School, USA)
Jennifer R. Ware (U of Tennessee, Memphis, USA)

Mission: The Education and Professional Development Committee is to provide on-going educational and professional opportunities for the membership and to encourage membership participation in these initiatives.

FINANCE COMMITTEE

Chair: Donald J Woodyard
Clinical Instructor, Department of Family Medicine
Director of Assessment, Offices of Medical Education
University of North Carolina, USA

Committee Members:

Sandra Davis-Carter (Vanderbilt U School of Medicine, USA)
Renee Flynn (U of Arkansas, USA)
Liz Leko (U of Arizona, USA)
Carol A. Trent (Thomas Jefferson Medical College, USA)

Mission: The mission of the Finance Committee is to oversee the financial health of the organization.

GRANTS AND RESEARCH COMMITTEE

Chair: Cate Nicholas
Director of the Standardized Patient Program
Assistant Professor, Family Practice and Obstetrics and Gynecology
University of Vermont College of Medicine, USA

Committee Members:

Jim Blatt (George Washington U, USA)
Lou Clark (U of New Mexico, USA)
Andrea Haan (Palmer College of Chiropractic, USA)
Lisa Doyle-Howley (U of North Carolina, USA)
Amy Lawson (Washington U School of Medicine, USA)
Jonathan Macias (U of Texas at El Paso, USA)
Jane Miller (U of Minnesota, USA)
Linda Perkowski (U of Minnesota, USA)
Meghan Semiao (George Washington U Medical Center, USA)
Karen Szauter (U of Texas Medical Branch Galveston, USA)
Tonya M. Thompson (U of Arkansas for Medical Sciences, USA)
Stacy Walker (Ball State U School of Physical Education, USA)
Rachel Yudkowsky (U of Illinois at Chicago, USA)

Mission and Goals: The ASPE Grants & Research Committee is active in research and in supporting the research needs of our members. Our current primary projects include:

1. Annual Research/Project Awards
2. Research Workshop Series
3. SP Literature Review Study
4. SP Practices Survey (in collaboration with the SOP Committee)

The overall goal of ASPE Research/Projects Awards is to provide incentive grants to current ASPE members for unique research or development projects related to the use of Standardized Patients in the Health Sciences. The ASPE Grants and Research Committee Workshop Series includes six topics such as different types of research, how to ask a research question, writing for research/grants, and an introduction to statistics and data analysis. A minimum of two workshops in this series will be offered at each annual ASPE meeting. Completion of all six workshops will result in a certificate. The SP Literature Review Study is intended to address the basic question: Do we have sufficient information to replicate studies reporting the use of SPs? Anecdotally, much of the research reporting the use of SPs appears to lack explicit details regarding how the SPs were trained, how reliability of the ratings was ensured, and how fidelity of performance was assessed. Members of the Committee are working to gather empirical evidence regarding the quality of SP methods reported in published literature. The purpose of this descriptive study is twofold:

1. To define standards relating to the use of SPs in research
2. To determine whether authors are describing the study in sufficient detail in order for the reader to:
 - a. Evaluate the appropriateness of the methods and reliability and validity of the results
 - b. Replicate the study if he/she desires.

Finally, the SP Practices Survey Project is a joint effort with the Standards of Practice Committees. The purpose of this project is to describe the use of standardized patients, the structure of SP programs and activities, and how SP Educators and related personnel function. Representatives from all allopathic and osteopathic medical schools throughout the USA and Canada that use standardized patients will be asked to participate in the telephone interview.

INTERNATIONAL COMMITTEE

Chair: Karen Barry
Manager, Interactive Studies Unit
University of Birmingham, United Kingdom

Committee Members:

Keiko Abe (Gifu U, Japan)
Jim Blatt (George Washington U, USA)
Devra S. Cohen (Union Graduate College-Mount Sinai, USA)
Melih Elcin (Hacettepe U, Turkey)
Henrike Holzer (Charite, Germany)
Torild Jacobsen (U of Bergen, Norway)
Jan-Joost Rethans (Maastricht U, Netherlands)
Lourdes Saez Mendez (Spain)
Claudia Schlegel (Switzerland)
Mandana Shirazi (Tehran U of Medical Sciences, Iran)

Mission: The mission of the International Committee is to support networking and collaboration among SP programs worldwide. It seeks to foster regional or national SP-contact persons who can play a stimulating role in their geographical region. The committee works preferably by a bottom-up approach.

MEMBERSHIP COMMITTEE

Chair: Denise Souder
Assistant Professor in Clinical Skills
Associate Director, Clinical Skills Education and Evaluation Center
Keck School of Medicine
University of Southern California, USA

Committee Members:

Mary Aiello (Southern Illinois U, USA)
Gretchen Amend (Rocky Vista U, Osteopathy, USA)
Alice Buss (Tulane U School of Medicine, USA)
Debra Danforth (Florida State U College of Medicine, USA)
Marcy Hamburger (U of Texas-Houston, USA)
Kathryn Schaivone (U of Maryland, USA)
Kit Shelby (Tulane U School of Medicine, USA)
Deborah Sturpe (U of Maryland, USA)
Rebecca Wright (Wake Forest U School of Medicine, USA)

Mission: The mission of the Membership Committee is to recruit new members, to retain current members, to initiate and facilitate communication between ASPE and members, to survey members for demographic information, and to develop membership benefits.

PUBLICATIONS & WEBSITE COMMITTEE

Chair: Jennie Struijk
Operations Director
University of Washington OSCE Program
University of Washington School of Medicine, USA

Committee Members:

Angela Blood (U of Chicago, USA)
Barb Eulenberg (Rosalind Franklin U of Medicine & Science, USA)
Valerie Fulmer (U of Pittsburgh, USA)
Karen Lewis (George Washington University, USA)
Cameron MacLennan (U of Toronto, Canada)
Nicole Manley (U of Texas at San Antonio Health Sciences Center, USA)
Judi Marraccini (Robert Wood Johnson Medical School, USA)
Kris Slawinski (U of Chicago, USA)

Mission: The Publications and Website Committee is dedicated to reporting current research, trends, techniques and information regarding SP methodology in the membership newsletter, *The ASPE Quarterly*. The committee generates most of the content for the newsletter and is also responsible for overseeing the look and content of the ASPE website. We invite contributions and content suggestions for both media from the membership.

STANDARDS OF PRACTICE COMMITTEE

Chair: Heidi Lane
Director Patient Centered Education
Nova Southeastern University, USA

Committee Members:

Carrie Bernat (University of Michigan, USA)
Scott W. George (ECFMG, USA)
Gayle Ann Gliva-McConvey (Eastern Virginia Medical School, USA)
Dina Higbee (University of Missouri, USA)
Beth Ipock (East Carolina University)
Sandie Pullen (CSEC, USA)
Dawn Schocken (University of South Florida, USA)
Patrick Walker (Eastern Virginia Medical School, USA)
Jeffrey H. Weiss (Texas Chiropractic College, USA)

Mission and Goals: Standards of practice for the SP Educator profession is an important area which needs to be addressed. This committee will begin the task of developing a standards of practice for the organization using a variety of methodologies and resources. As a self regulating organization, members of this profession are not required to be certified or accredited, yet wish to be able to articulate what it is that makes this professional body unique. The parameters when developing these standards of practice include professional knowledge, application of SP methodology, student learning and assessment, and ongoing professional development. The

Standards of Practice Committee will initiate the process to define general principles, knowledge, skills, values and issues that encompass the overall and daily responsibilities of this profession. Once these practices are drafted and posted, the committee will begin the process of review with activities such as written responses to questions posed on the ASPE website and requests for feedback through email, discussion groups, writing teams and written correspondence.

CERTIFICATION AD HOC COMMITTEE

Committee Members:

Karen Barry (U of Birmingham, UK)
Frank Coffey (U of Nottingham, UK)
Devra Cohen (Union College, USA)
Holly Fox (Albany Medical College)
Wendy Gammon (U of Massachusetts Medical School)
Holly Gerzina (NEOUCOM, USA)
Gayle Ann Gliva-McConvey (Eastern Virginia Medical School, USA)
Beth Harwood (Dartmouth Medical School, USA)
Heidi Lane (Nova Southeastern U, USA)
Anna Lank (C3NY, Clinical Competence Center of New York, USA)
Joseph Lopreiato (Uniformed Services U of the Health Sciences, USA)
Robert MacAulay (U of California San Diego, USA)
Deb Nevado (MGH Institute of Health Professions, USA)
Carol Pfeiffer (U of Connecticut, USA)
Paula Richards (Memorial U, USA)
Ancuta "Anca" Stefan (Touro U College of Medicine)
Kelly Tomaszewski (Grand Valley State U, USA)

2011 ASPE Research and Project Awards Information

Overall goal of ASPE Awards:

The overall goal is to provide incentive awards to current ASPE members for unique research studies or development projects that **extend our knowledge about the effective use of Standardized Patients (SP)** in Health Science Education. All studies/projects must be consistent with ASPE's mission and goals. Studies to identify best practices in SP education are particularly encouraged.

ASPE is the international organization for professionals in the field of SP methodology. ASPE is dedicated to:

- ❖ Professional growth and development of its members
- ❖ Advancement of research and scholarly activities related to SP-based education
- ❖ Establishing best practices in SP-based education
- ❖ Fostering patient-centered care

Amount of Funding: Up to \$5,000 per award

Period of Funding: ***January 1, 2012 thru December 31, 2013***

Proposal Due Date: ***August 31, 2011***

Award Notification: ***December 1, 2011***

Format for the Proposal:

The proposal should be prepared in a Microsoft® Word program or pdf. The components below should be MERGED into a SINGLE file for submission and submitted **no later than 10 pm (Eastern time) August 31st, 2011**. Multiple documents for a single submission will not be accepted. Confirmation of receipt will be sent via email.

Each proposal should include the following components in the order listed.

1. Title page, including:
 - a. Title of project
 - b. Names of member(s), including all title(s), degree(s), and institutional affiliation(s)
 - c. Contact information for the Primary Investigator or Project Director
 - d. Contact information for the person responsible for management of the research account
2. Brief, 300 word or less, summary of research or project
3. A brief biographical sketch (not to exceed one page per person- sample format appended) describing the qualifications of *each* Investigator
4. A **narrative (1800 words or less)** of the research or project, including the following sections:
 - a. An introduction describing the relevant background and significance of the research/project to the mission of ASPE
 - b. The objectives, research questions, or anticipated project outcomes
 - c. The methods or steps to achieve the objectives/outcomes
 - d. Expected methods of analysis and/or evaluation
 - e. Anticipated timeline
5. References (not to exceed 15 relevant references)

6. Any existing measures that are anticipated for use in the research/project (i.e., survey, data forms, evaluation tools, checklists, etc.). If these tools will be developed as a major portion of the project, a narrative of the proposed content should be included.
7. A statement declaring whether the research/project will involve human subjects. If human subjects are included, the status of permission from the appropriate Human Subjects Review Board must be stated (approved, exempt, pending). **Funds will not be disbursed until confirmation of IRB approval (as applicable) is received. (PI must forward the IRB approval within 12 weeks of the grant award)**
8. Detailed budget request with justification, including the following sections: (see sample budget format appended)
 - a. Direct costs for standardized patients
 - b. Supplies
 - c. *Consultant wages
 - d. **Travel
 - e. Communication
 - f. Equipment
 - g. Misc

*Funds are not available to support individual faculty/staff salary.

**Funds are not available for travel to conferences or meetings to present findings.

NOTE: No indirect cost recovery (ICR) or facilities and administration (F&A) costs are covered by the ASPE grant award.

9. Letter of support from the Principal Investigator's direct supervisor which includes a statement that the supervisor supports the PI's involvement in the project.

Criteria for Evaluation

All research/project proposals will be evaluated by members of the ASPE Grants and Research Committee. The review criteria are listed below:

- Primary Investigator, or other key project team member, is a member of ASPE at time of submission and throughout the entire funding cycle. It is preferred that the PI maintains active membership in ASPE throughout the project. *[NOTE: Current members of the ASPE Board of Directors and Grants & Research Committee are not eligible for the award and cannot be listed as co-investigators.]*
- The proposal follows the required format (includes all components, does not exceed word or budget limitations, etc.)
- Demonstrates relevance to the mission of ASPE
- Expected outcomes of the research study or project advance the field of standardized patient education and not merely the local institution. Multi-institutional collaborations are encouraged.
- Expresses sufficient familiarity with recent developments in the field and provides a context for the research study or project
- Relates to a specific question, problem, or hypothesis
- Investigators are able and qualified to carry out the research/project
- Timeline is realistic
- Start-up funds are supported with evidence of long-term viability (if applicable)
- Methodology is appropriate and clear
- Budget meets the approved guidelines
- Budget is cost effective

Responsibilities of Award Recipients: (additional details will be provided in the award letter)

- Award recipients will be required to submit updates every six months.
- June 2012 – brief written update
- Jan 2013 – one year report on progress - includes update on budget
- June 2013 – brief update on the one year report
- Jan 2014 – full project report, including finalized budget information.
- Briefly present a research/project overview to ASPE members at the 2012 and 2013 annual meeting*
- Submit final research/project report no later than January 31, 2014
- Provide final update to ASPE members at annual meeting in 2014
- Acknowledge ASPE sponsorship in any dissemination of the study (see below)
- Notify ASPE of any dissemination of the study, and provide copies of papers or presentations.
- Provide a written summary of the completed research study or project for publication in the ASPE Quarterly

[*NOTE: If the Primary Investigator is unable to attend an annual meeting during the award cycle, a substitute may present the information.]

Acknowledgements for Publication:

Recipients should submit to ASPE a copy of any reprints of publication resulting from research activities supported by ASPE. Any research published or presented that has received support from ASPE should have a citation as follows:

This work was supported, in part, by the Association of Standardized Patient Educators (ASPE). This [paper or presentation] does not necessarily reflect ASPE opinion or policy.

ASPE Research and Project Awards Recipients

2011 Recipient

Expanding Application of Standardized Patients and GTAs in Effective Sexual Assault Response Instruction

Lisa Pompeo, MD, and Isle Polonko, University of Medicine and Dentistry, New Jersey, and Scott George, Educational Commission for Foreign Medical Graduates (ECFMG)

2010 Recipient

Standardized Patients as Standardized Health Care Providers: How Valid are They?

Lisa Altshuler, PhD and Elizabeth Kachur, PhD, Maimonides Infants and Children's Hospital of Brooklyn (MICH)

2009 Recipients

An International Survey to Examine Standardized Patients Use in Nursing Education

Mindi Anderson, PhD, RN, CPNP-PC, University of Texas at Arlington School of Nursing

Connecting Clinicians with Patients and Practice

*Amy Flanagan Risdal, National Capital Area Medical Simulation Center
Uniformed Services University*

2008 Recipient

Predictive Validity of Clinical Competency Exams

Heather Hageman, Washington University School of Medicine, Donna Jeffe, Washington University School of Medicine, Alison Whelan, Washington University School of Medicine, Anthony Paolo, University of Kansas School of Medicine, Brian Mavis, Michigan State University College of Human Medicine, Jon Veloski, Jefferson Medical College, Steven Durning, Uniformed Services University of the Health Sciences

2007 Recipients

Direct Interaction with Elders as a Standardized Patient Training Tool for the Portrayal of Cognitive Impairment

*Rhonda A. Sparks, M.D., Sheila Crow, M.A., Ph.D., Thomas A. Teasdale, Bryan D. Struck, M.D., Robert M. Hamm, PhD, Michelle Wallace, BS
University of Oklahoma College of Medicine*

Special Effects Simulation for the SP Educator

*Karen L. Lewis, Ph.D., George Washington University School of Medicine and Health Sciences
Marcy Hamburger, M.A. University of Texas at Houston Medical School*

ASPE Outstanding Educator Award

In recognition of the outstanding talent within ASPE, we annually honor an individual APSE member through the "Outstanding SP Educator Award". The former recipients of this award are listed below. Nominations are sought each year a few months before our annual conference. We encourage both self-nominations and the nomination of worthy colleagues. The award is decided upon by a committee of former recipients that is selected by the president of ASPE.

To be eligible for the award the nominee must: " Be an active member of ASPE " Have been involved in SP education/training for more than seven years " Have made significant contribution to the SP community by providing professional development and/or guidance to newcomers in the field " Be recognized as a leader by working with varied levels of faculty within their own institution, the SP community, and in national or international organizations (i.e., ASPE, AAMC, CAME, NBME, ECFMG, etc.)

AWARD RECIPIENTS

2010	Jan-Joost Rethans	Maastrict University
2009	Rachel Yudkowsky	University Of Illinois at Chicago COM
2008	Karen Szauter	University of Texas Medical Branch Galveston
2007	Heidi Lane	East Carolina University
2006	Mary Cantrell	University of Arkansas
2005	Ann King	National Board of Medical Examiners
2005	Sidney Smee	Medical Council of Canada
2004	Carol Pfeiffer	University of Connecticut
2003	Peggy Wallace	University of California at San Diego
2002	Anja Robb	University of Toronto
2001	Linda Morrison	Southern Illinois University
2000	Delia Anderson	Tulane University
1999	Linda Perkowski	University of Minnesota
1998	Gayle Gliva McConvey	Eastern Virginia Medical School

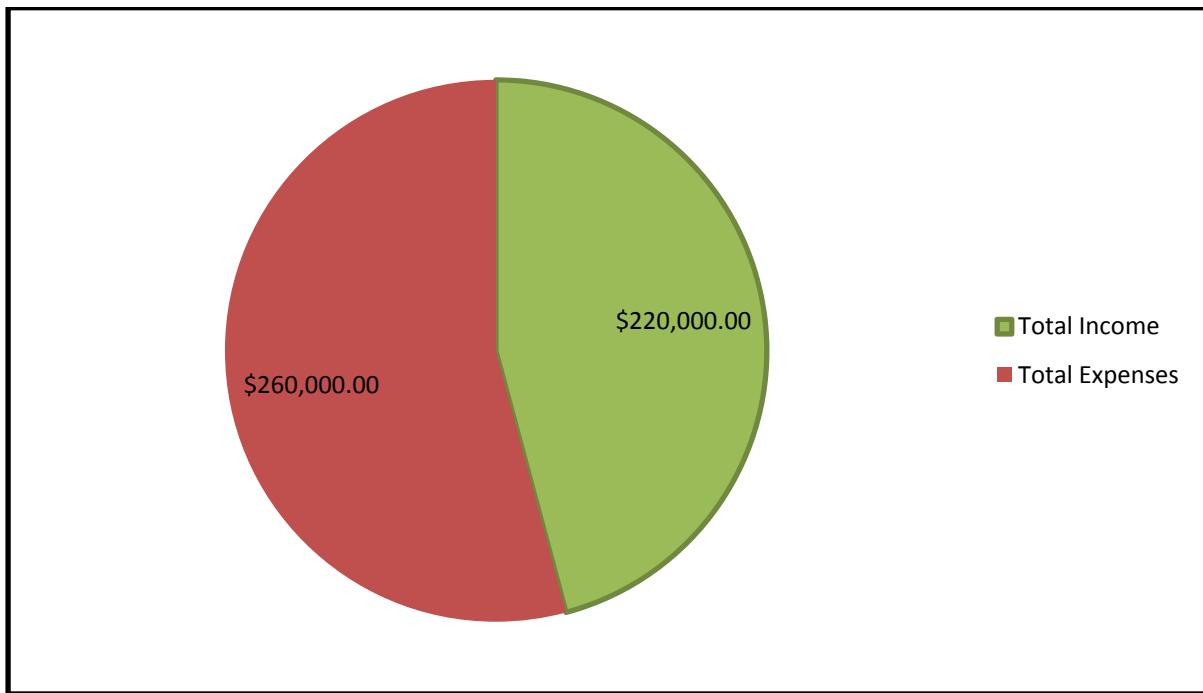
**ASPE
BUSINESS MEETING**

June 28, 2010 5:45 PM
Baltimore, MD

ATTENDING: GENERAL MEMBERSHIP

WELCOME- KAREN REYNOLDS

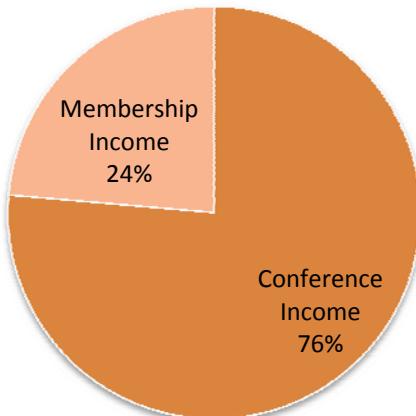
1. ASPE INCOME AND EXPENDITURES



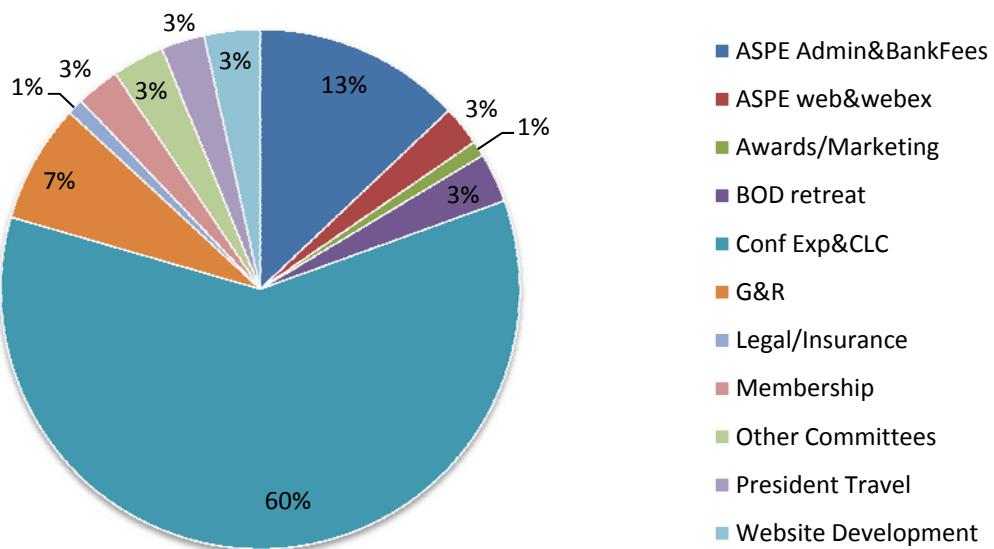
The majority of the income comes from conference related activities and final 25% from membership income.

08.15.10

INCOME



EXPENDITURES



2. COMMITTEE DEVELOPMENTS

ASPE President Karen Reynolds summarized the activities of the committees (This information will be posted on the new ASPE website in July).

A. Website

The ASPE website will roll out in July.

B. Webinars

We have reinstated webinars this year. We will have more of them in the near future. One idea is to take some of the popular sessions from conference and roll them out into webinars.

C. Annotated Bibliographies

The annotated bibliographies published in the Quarterly have received very positive feedback. Thank you to the G&R committee.

D. Affiliation Agreements

We have an affiliation agreement with SSH and are working on one with International Nursing Association on Clinical Simulation and Learning (INACSL). We are also in negotiations with the pharmacy group, AACP.

E. Ad-hoc Committee

We have an ad-hoc committee on certification. There will be a town hall meeting to answer questions on certification of standardized patient educators.

F. Conference

At conference this year, we have had a few innovations that have been received very well. The first was the "Hands on Immersion Workshop" and as well as the "Interactive Presentations".

G. Invitations

ASPE has been invited to participate at the first International Leadership Summit, which will be in London in August. Leadership from across the world will discuss ways to establish or improve collaboration. Karen Reynolds, Tamara Owens and Karen Barry will be attending and representing ASPE.

H. SSH Accreditation Program

Karen Reynolds and Tamara Owens are the ASPE representatives on the SSH Accreditation Council. You can find out more information from the

SSH website. As you may know from membership emails, they have put out a call for reviewers. There have been several SP educators that have applied. Karen and Tamara are enjoying the experience and have learned a lot. It has been a great collaboration.

3. MEMBERSHIP

As of 6/18/09, our membership included 281. There was a decrease from past years. It was hard to tell what it was from. It could have been the economy or because we did away with the institutional membership that included five for the price of four. Now we have more true number. As of the 18th of June, we have 365 members. (Applause). We re-instituted the Institutional Membership. The institutional owns the membership and has the ability to replace a person if they have left the institution. The institutional membership was initiated at the request of institutions that are willing to pay for the group, as opposed to paying for the individuals.

4. ANNOUNCEMENTS

Current Board Members have been asked to take a photograph in the same fashion and background. Pictures will be taken tomorrow at 9am or 12:45pm in the second floor atrium.

5. ANNUAL RECOGNITION

A. Past President- Tamara Owens

Karen said that she cannot say enough about how much Tamara has done for the organization. Tamara has done a tremendous amount for this organization. In addition, she has been invaluable to Karen in her transition as president.

B. Vice President Operations- Cate Nicholas

Cate is from the University of Vermont. She has done a tremendous amount and instrumental in ASPE's creation of the Policies and Procedures manual.

C. Membership- Joey Woodyard

Joey served as the membership chair for 2 years. He did a tremendous job and we want to thank him for his service.

D. International Committee Chair- (Educator of the Year) Jan-Joost Rethans

Jan-Joost worked hard to put the International Committee together. He founded that committee. We thank him for helping to build bridges throughout the world.

08.15.10

- E. Education and Professional Development- Janie Boyer
Janie reenergized the committee and helped ASPE identify new leadership. She has taken the committee to a new level and did an outstanding job.
- F. Standards of Practice- Judy Thornton
Judy was instrumental in beginning the terminology project. She also helped identify leadership to continue the work that she started.
- G. Member Liaison- Win May
Win was helpful to Board of Directors. She worked on the core curriculum and the wiki. We appreciate the hard work that she did. She had many trials and tribulations in her time with us but did a wonderful job.

Meeting adjourned.



B-Line Medical is a digital solutions firm focused on the capture, debriefing, and assessment of simulation-based medical training. We specialize in simple, web-based solutions that have helped top hospitals, medical schools and nursing programs in the U.S., Canada, Europe, and Middle East operate their clinical skills and simulations centers effectively.



Education Management Solutions (EMS) is the leader in simulation management solutions, performance assessment software, and digital audio-video systems for standardized patient and simulation-based training. Medical, nursing, and allied health schools, and hospitals use EMS' easy to use, feature-rich, web-based solutions to record, debrief, and assess learner performance and effectively manage their skills and simulation centers in the US and globally.

EMS provides turnkey solutions that address customer requirements with best-in-class support for both software and hardware... providing a *single-vendor* solution.

For more information, stop by our booth, call toll-free 877-EMS-5050, email: info@ems-works.com or visit www.EMS-works.com.



Kyoto Kagaku Co., Ltd. is a manufacturer of medical and nursing simulation training products. At the ASPE Show, we will be showcasing training models such as Physiko (our assessment trainer), our Male and Female Catheterization Simulation models as well as our tactile breast. Please stop by our booth and see for yourself the quality of our products as useful additions to your training curriculum.



[www.ventri](http://www.ventri.com)

Finally, a medical simulation device that gives the Standardized Patient the ability to have the abnormal heart and lung sounds that go along with the malady they are portraying. With its handheld, wireless transmitter, your SPs can be in control. In as little as 30 minutes, they will quickly be on their way to controlling the 12 pre-recorded (on an SD card) sounds that are wirelessly transmitted to a realistic stethoscope worn by the student. Multiple Ventrilosopes can be used in close proximity, as they will not interfere with each other. Additional sounds can be purchased to expand your “sound” library.



Limbs & Things designs, manufactures and promotes clinical and surgical skills training products. The Company is dedicated to improving patient care by supporting healthcare professionals in their training. Our goal is to produce products which allow clinical educators to successfully deliver their curriculum requirements for physical examination and procedural skills. To achieve this we will continue to work closely with leading clinicians, exploring new technologies and materials and promoting our products within a worldwide marketplace.



METI, the world's leading maker of advanced human patient simulators and healthcare education will be showcasing the latest version of LearningSpace®, a comprehensive audiovisual and center management system that integrates with simulators, skills trainers and Standardized Patient programs. METI will also be demonstrating wireless patient simulator, iStan® and METI's latest, touch-screen-capable user interface, Müse®, which makes everything about running a simulator easier, faster and friendlier. Come learn more about METI's products and see how to enhance your standardized Patient Programs.



**National League
for Nursing**

The Voice for Nursing Education

The National League for Nursing is the oldest organization dedicated to nursing education. It promotes quality education, faculty development, nursing education research, and excellence in testing/assessment. Visit our NLN booth to learn about our exciting initiatives in these areas.

Keiko Abe
Nagoya University
65 Tsurumai-Cho
Department Of Education For Community-Oriented Medicine
NAGOYA AICHI 466-8550
JAPAN

Katherine Adams
University of North Carolina
1043 Burnett-Womack
Cb 7529
CHAPEL HILL NC 27599
UNITED STATES

Mary Aiello
SIU School Of Medicine
801 N. Rutledge
PO Box 19622
SPRINGFIELD IL 62794-9622
UNITED STATES

Ralitsa Akins
Texas Tech University Health Sciences Center At El Paso
4800 Alberta Ave
EL PASO TX 79905
UNITED STATES

Jo Albritton
Georgia Health Sciences University
1120 15th Street
Cj-3101
AUGUSTA GA 30912
UNITED STATES

Bryan Allan
University Of Edinburgh
Chancellors Building
Little France Crescent
EDINBURGH SCOTLAND EH16 4SB
UNITED KINGDOM

Amy Allen
Emory University School Of Medicine
1648 Pierce Drive NE
Room 316
ATLANTA GA 30322
UNITED STATES

Katherine Allen
University of North Dakota School Of Medicine
501 N. Columbia Rd, Stop 9037
GRAND FORKS ND 58202
UNITED STATES

Lisa Altshuler
Maimonides Medical Center
977 48th St
BROOKLYN NY 11219
UNITED STATES

Nancy Ambrose
E C F M G
1228 Arch Street
Unit 4-A
PHILADELPHIA PA 19107
UNITED STATES

Mindi Anderson
University Of Texas At Arlington College Of Nursing
Box 19407
ARLINGTON TX 76019
UNITED STATES

Kristi Arena
Bastyr University
14500 Juanita Drive NE
KENMORE WA 98028
UNITED STATES

Rosa Arteaga
University Of Toronto
88 College Street
TORONTO ONTARIO M5G 1L4
CANADA

Maureen Asebrook
University Of Cincinnati
231 Albert Sabin Way
MI 0552
CINCINNATI OH 45267
UNITED STATES

Ruri Ashida
University Of Tokyo
7-3-1 Hongo
BUNKYO-KU TOKYO 1130033
JAPAN

Karen Barry
University of Birmingham
90 Vincent Drive
BIRMINGHAM
UNITED KINGDOM

Jackie Beavan
University of Birmingham
90 Vincent Drive
BIRMINGHAM
UNITED KINGDOM

Jim Behme
University Of Connecticut Health Center
CT
UNITED STATES

Patricia Bell
Uniformed Services University
4301 Jones Bridge Rd
BETHESDA MD 20814
UNITED STATES

Kay Benner
Carolinas HealthCare System
1000 Blythe Blvd.
MEB 6th Floor
CHARLOTTE NC 28203
UNITED STATES

Sheryl Berba
Midwestern University
19555 N. 59th Ave.
GLENDALE AZ 85308
UNITED STATES

Carrie Bernat
University Of Michigan
3908-B Taubman Health Services Library
1135 Catherine St., SPC 5726
ANN ARBOR MI 48109-5726
UNITED STATES

Brent Biggs
E C F M G
400 N. Sam Houston PKWY EAST
Suite 700
HOUSTON TX 77060
UNITED STATES

Amy Binns-Calvey
Graham Clinical Performance Center - University Of Illinois Chicago
Dept Of Medical Education M/C 591
808 S. Wood St. CME 986
CHICAGO IL 60612
UNITED STATES

Benjamin Jim Blatt
George Washington University
900 23rd Street NW
WASHINGTON DC 20037
UNITED STATES

André Bléoo
University Of Ottawa
Ottawa Exam Centre, Faculty Of Medicine
2044 - 451 Smyth Road
OTTAWA ONTARIO K1H 1M5
CANADA

Angela Blood
University Of Chicago
5841 South Maryland Avenue
P 119, Mc 5030
CHICAGO IL 60637
UNITED STATES

Carrie Bohnert
University Of Louisville
500 South Preston Street
Instructional Building Room 306
LOUISVILLE KY 40292
UNITED STATES

Ray Booker
Vanderbilt University School Of Medicine
3450 Mrbiv
2213 Garland Avenue
NASHVILLE TN 37232
UNITED STATES

Tamara Boyd
Northern Ontario School Of Medicine
935 Ramsey Lake Road
SUDBURY ONTARIO P3E 2C6
CANADA

Janie Boyer
Ohio State University College Of Medicine Clinical Skills Center
005 Prior Health Sciences Library
376 West 10th Avenue
COLUMBUS OH 43210
UNITED STATES

Kelly Branford
Tulane University School Of Medicine
1430 Tulane Ave.
SI-93
NEW ORLEANS LA 70012
UNITED STATES

Barbara Breitenstein
Berner Bildungszentrum Pflege
Reichenbachstrasse 118
BERN BERN 3004
SWITZERLAND

Elizabeth Briere
CSEC Philadelphia
3624 Market St.
PHILA PA 19104
UNITED STATES

Alice Buss
Tulane University School Of Medicine
1430 Tulane Avenue SL-93
NEW ORLEANS LA 90112
UNITED STATES

Samuel Butler
University Of Kansas School Of Medicine Neis Clinical Skills Lab
3901 Rainbow Blvd.
Ms 1049
KANSAS CITY KS 66160
UNITED STATES

Pam Camarillo
Texas Tech University HSC
1400 S. Coulter
AMARILLO TX 79106
UNITED STATES

Mary Cantrell
University Of Arkansas For Medical Sciences
4301 West Markham
Slot 735
LITTLE ROCK AR 72205
UNITED STATES

Kitty Carter-Wicker
Morehouse School Of Medicine
720 Westview Drive
ATLANTA GA 30310
UNITED STATES

Sheila Carvalho
Midwestern University (AZCOM)
19555 N. 59th Ave
GLENDALE AZ 85308
UNITED STATES

Cheryl Chartrand
Standardized Patient Program/CLSF
22 Alguire Avenue
WINNIPEG MANITOBA R2Y 0B8
CANADA

Lou Clark
University Of Arizona College Of Medicine - Phoenix
550 East Van Buren Street
PHOENIX AZ 85004-2230
UNITED STATES

Pam Cobb
E V M S
PO Box 1980
NORFOLK VA 23501
UNITED STATES

Christy Cogley
C S E C
1745 Phoenix Blvd.,
Suite 500
ATLANTA GA 30286
UNITED STATES

Ezra Cohen
National University Of Health Sciences
200 E. Roosevelt Road
LOMBARD IL 60148
UNITED STATES

Kent Coker
University of Texas Health Science Center At San Antonio
7703 Floyd Curl Drive
Mc 7788
SAN ANTONIO TX 78229
UNITED STATES

Connie Coralli
Emory University School Of Medicine
1648 Pierce Drive
Room 318
ATLANTA GA 30322
UNITED STATES

Cathy Crozat
Tulane University School Of Medicine
NEW ORLEANS LA
UNITED STATES

Debra Danforth
Florida State University College Of Medicine
1115 West Call Street
TALLAHASSEE FL 32312
UNITED STATES

Elizabeth Darby
Uniformed Services University
4301 Jones Bridge Rd
BETHESDA MD 20814
UNITED STATES

Stephanie Davis
Dalhousie University New Brunswick
PO Box 5050, 100 Tucker Park Road
SAINT JOHN NEW BRUNSWICK E2L4L5
CANADA

Tiffany Davis
Drexel College Of Medicine
2900 Queen Lane Room 221
PHILA PA 19129
UNITED STATES

Jacqueline DeCoursey
University Of Pittsburgh School Of Medicine
3550 Terrace Street
M211 Scaife Hall
PITTSBURGH PA 15261
UNITED STATES

Karen Delaney-Laupacis
University Of Toronto
19 Sutherland Drive
TORONTO ONTARIO M4G1H1
CANADA

Elizabeth Denton
E C F M G
3700 Market St.
2nd Floor
PHILADELPHIA PA 19104
UNITED STATES

Lorena Dobbie
University Of Toronto
88 College Ave.
TORONTO ONTARIO M5G1L4
CANADA

Paul Donahue
Michigan State University - Learning And Assessment Center
A601 E Fee
Michigan State University
EAST LANSING MI 48824
UNITED STATES

Mary Donovan
Georgetown University School Of Medicine
C/o NE-113 Med-Dent Bldg
3900 Reservoir Rd, NW
WASHINGTON DC 20057
UNITED STATES

Dawn Drake
University Of North Dakota
501 N. Columbia Road, Stop 9037
GRAND FORKS ND 58202
UNITED STATES

Jamie Duncan
L M U-D C O M
6965 Cumberland Gap Pkwy
HARROGATE TN 37752
UNITED STATES

Petra Duncan
University Of Alberta - Health Sciences Council
300 Campus Tower
8625-112 Street
EDMONTON ALBERTA T6G 1K8
CANADA

Erica Dzuba
Northern Ontario School Of Medicine
955 Oliver Road
THUNDER BAY ONTARIO P7C 4R3
CANADA

Sonya Echols
Virginia Tech Carilion School Of Medicine
PO Box 13367
1906 Belleview Ave
ROANOKE VA 24014
UNITED STATES

Artis Ellis
E C F M G
400 N Sam Houston PKWY E
Suite 700
HOUSTON TX 77060
UNITED STATES

Barbara Eulenberg
Rosalind Franklin University Of Medicine And Science
3333 Green Bay Road
NORTH CHICAGO IL 60064
UNITED STATES

Michelle Fansett
University Of Ottawa
2044-451 Smyth Road
OTTAWA ONTARIO K1H 8M5
CANADA

Stephanie Farmer
Virginia Tech Carilion School Of Medicine
2 Riverside Circle
ROANOKE VA 24016
UNITED STATES

Diane Ferguson
U Of TX Health Science Center At San Antonio
7703 Floyd Curl Dr.
Medical Dean's Office
SAN ANTONIO TX 78229
UNITED STATES

Carol Fleishman
Johns Hopkins Medicine Simulation Center
601 N. Caroline St., Suite 8210
BALTIMORE MD 21287
UNITED STATES

Stephanie Foreman-Brown
University Of Western Ontario
Clinical Skills Learning Program
CSB 1703, University Of Western Ontario
LONDON ONTARIO N6A5C1
CANADA

Alexa Fotheringham
Medical Council Of Canada
2283 St. Laurent Blvd. Suite 100
OTTAWA ONTARIO K1G 5A2
CANADA

Ellen Franklin
Carver College Of Medicine - University Of Iowa
1150 A Merf
IOWA CITY IA 52242
UNITED STATES

Valerie Fulmer
University Of Pittsburgh School Of Medicine
3550 Terrace Street
M211 Scaife Hall
PITTSBURGH PA 15261
UNITED STATES

Gail Furman
National Board Of Medical Examiners
3700 Market St
PHILADELPHIA PA 19104
UNITED STATES

Sharon Galewski
Medical College Of Wisconsin
8701 Watertown Plank Rd
MILWAUKEE WI 53213
UNITED STATES

Wendy Gammon
University Of Massachusetts Medical School
SP Program, Hoagland-Pincus Conference Ctr
222 Maple Avenue
SHREWSBURY MA 01545
UNITED STATES

John George
Kirksville College Of Osteopathic Medicine
800 W. Jefferson
KIRKSVILLE MO 63501
UNITED STATES

Scott George
Clinical Skills USA, Inc.
P.O. Box 681142
MARIETTA GA 30068
UNITED STATES

Grace Gephardt
Arkansas Children's Hospital
One Children's Way, Slot 852
LITTLE ROCK AR 72202
UNITED STATES

Holly Gerzina
Neoucom
4209 SR 44 PO Box 95
ROOTSTOWN OH 44272
UNITED STATES

Andy Ginn
C S E C
3624 Market St.
PHILA PA 19104
UNITED STATES

Gayle Gliva McConvey
E V M S
PO Box 1980
NORFOLK VA 23501
UNITED STATES

Kari Goforth
Tulane University School Of Medicine
LA
UNITED STATES

Julie Golding
University Of North Carolina At Chapel Hill
Introduction To Clinical Medicine
405 Berryhill Bldg, UNC Chapel Hill
CHAPEL HILL NC 27599
UNITED STATES

Sarah Goolsby
Georgia Health Sciences University
1120 15th Street
AUGUSTA GA 30912
UNITED STATES

Trish Gray
Scott And White
2401 South 31st St.
TEMPLE TX 76508
UNITED STATES

Jeanie Groves
University Of Minnesota
516 Delaware St, MMC 261
MINNEAPOLIS MN 55455
UNITED STATES

Jacqueline Guizado De Nathan
University Of Nevada School Of Medicine
2040 West Charleston Boulevard
Suite 504
LAS VEGAS NV 89102
UNITED STATES

Beth Haas
Goldfarb School Of Nursing At Barnes-Jewish College
4483 Duncan Ave
SAINT LOUIS MO 63110
UNITED STATES

Heather Hageman
Washington University School Of Medicine
660 S Euclid Ave, Box 8073
ST LOUIS MO 63110
UNITED STATES

Elizabeth Hager
Jefferson University
PHILADELPHIA PA
UNITED STATES

Marcy Hamburger
University Of Texas Medical School at Houston
6431 Fannin Street
MSB. B.120
HOUSTON TX 77030
UNITED STATES

Teddy Hamrick
West Virginia School Of Osteopathic Medicine
400 North Lee Street
LEWISBURG WV 24901
UNITED STATES

Amber Hansel
Upstate Medical University
750 East Adams Street
531 Setnor Academic Building
SYRACUSE NY 13210
UNITED STATES

Rob Hargraves
Thomas Jefferson University
Hamilton Building
1001 Locust Street, Suite 309G
PHILADELPHIA PA 19107
UNITED STATES

Jane Harper
UTHSC-College Of Medicine
Kaplan Clinical Skills Center
920 Madison Avenue, Suite 700
MEMPHIS TN 38163
UNITED STATES

Cynthia Harrelson
Touro University California
1310 Club Drive
Mare Island
VALLEJO CA 94592
UNITED STATES

Steve Harris
Upstate Medical University
750 East Adams Street
531 Setnor Academic Building
SYRACUSE NY 13210
UNITED STATES

Beth Harwood
Dartmouth Medical School
Hb 7251
HANOVER NH 03755
UNITED STATES

Nancy Heine
Loma Linda University School Of Medicine
Suite 2100 Centennial Complex
LOMA LINDA CA 92350
UNITED STATES

Mary Hendershott
Midwestern University
555 S. 31st Street
DOWNERS GROVE IL 60516
UNITED STATES

Angel Herrera
E C F M G
8501 W Higgins
Suite 600
CHICAGO IL 60631
UNITED STATES

Dena Higbee
University Of Missouri School Of Medicine
5 Hospital Drive, CS&E Bldg, CE627
COLUMBIA MO 65212
UNITED STATES

Joy Hill
UBC Standardized Patient Program
Gordon And Leslie Diamond Health Care Centre
2775 Laurel Street, 11th Floor
VANCOUVER BC V5Z 1M9
CANADA

Betty Hite
E C F M G
3624 Market Street
PHILADELPHIA PA 19104
UNITED STATES

Kevin Hobbs
University Of Toronto
1108-40 Homewood Ave.
TORONTO ONT M4Y2K2
CANADA

Patricia Houser
Uniformed Services University
4301 Jones Bridge Rd
BETHESDA MD 20814
UNITED STATES

Rebecca Howard
Touro University - California
1310 Club Drive
VALLEJO/MARE ISLAND CA 94592
UNITED STATES

Anna Howie
U S U H S
4301 Jones Bridge Road
BETHESDA MD 20814
UNITED STATES

Nan Howland
Indiana University Health
340 W 10th St
INDIANAPOLIS IN 46202
UNITED STATES

Anna Howle
Uniformed Services University
4301 Jones Bridge Rd
BETHESDA MD 20814
UNITED STATES

Sarah Huante-Bimat
E C F M G
100 North Sepulveda Blvd., 13th Floor
EL SEGUNDO CA 90245
UNITED STATES

Jessica Humphrey
Vanderbilt University School Of Medicine
2213 Garland Ave
Mrb Iv 3402
NASHVILLE TN 37232-0432
UNITED STATES

David Hunter
Georgia Health Sciences University
1120 15th Street
Cj-3101
AUGUSTA GA 30912
UNITED STATES

Jacquie Jacobs
University Of Toronto
21 Southview Ave.
TORONTO ONTARIO M6H 1T3
CANADA

Sherry Johnson
University Of Arkansas For Medical Sciences
4301 W. Markham St., #735
LITTLE ROCK AR 72205
UNITED STATES

Alan Johnstone
Vanderbilt University School Of Medicine
2213 Garland Ave
Mrb Iv 3402
NASHVILLE TN 37232-0432
UNITED STATES

Deb Jones
Des Moines University
3200 Grand Avenue
DES MOINES IA 50312
UNITED STATES

Elizabeth Kachur
Medical Education Development
201 East 21st Street
Suite 2E
NEW YORK NY 10010
UNITED STATES

Nina Kaktins
Indiana University Of Pennsylvania
1450 Clapboard Run Road
JOHNSTOWN PA 15904
UNITED STATES

Morri Kernaghan
Georgia Health Sciences University
1120 15th Street
Cj-3101
AUGUSTA GA 30912
UNITED STATES

Jonghoon Kim
Office Of Medical Education Inha University School Of Medicine
Jungsuk Building Shinheung Dong Joong Gu
INCHEON INCHEON 400-712
SOUTH KOREA

Ann King
National Board Of Medical Examiners
3750 Market Street
PHILADELPHIA PA 19104
UNITED STATES

Patrick King
Texas Tech University
Ttuhsc/sop
1300 South Coulter
AMARILLO TX 79106
UNITED STATES

Robert Kiser
Graham Clinical Performance Center - University Of Illinois Chicago
Dept Of Medical Education M/C 591
808 S. Wood St. CME 986
CHICAGO IL 60612
UNITED STATES

Adam Kludt
University Of New Mexico
1 University Of New Mexico
Msc09 5090
ALBUQUERQUE NM 87131
UNITED STATES

Kerry Knickle
University Of Toronto
88 College St
TORONTO ONTARIO M1N3E4
CANADA

Charles Kodner
University Of Louisville School Of Medicine
Med Center One Building
Department Of Family And Geriatric Medicine
LOUISVILLE KY 40202
UNITED STATES

Neva Krauss
Johns Hopkins University
601 N. Caroline St. /Suite 8210
BALTIMORE MD 21287
UNITED STATES

Christine Kuramoto
Kyushu University
3-1-1 Maidashi
Higashi-Ku
FUKUOKA FUKUOKA 812-8252
JAPAN

Heidi Lane
Nova Southeastern University
3200 S. University Dr.
FT. LAUDERDALE FL 33328
UNITED STATES

Amy Lawson
Washington University School Of Medicine
One Children's Place
Campus Box 8116--NWT
SAINT LOUIS MO 63110
UNITED STATES

Carine Layat Burn
Lausanne University Of Health Sciences
HECVSanté
21, Avenue De Beaumont
LAUSANNE VAUD 1011
SWITZERLAND

Tao Le
MedIQ Learning, LLC
914 N Dixie Avenue, Suite 100
ELIZABETHTOWN KY 42701
UNITED STATES

Peg Lechner
Midwestern University
555 31st St
DOWNTOWN GROVE IL 60515
UNITED STATES

Yun Pei Lee Chou
UNIBE
Ave. Francia #129, Gazcue
SANTO DOMINGO D.N. 10100
DOMINICAN REPUBLIC

Liz Leko
University Of Arizona
1501 N Campbell Ave
TUCSON AZ 85724-5113
UNITED STATES

Tom LeMaster
Cincinnati Children's Hospital Medical Center
3333 Burnet Ave.
Merc 12000
CINCINNATI OH 45229
UNITED STATES

Aimee Leung
Centre for the Evaluation of Health Professionals Educated Abroad
80 Bloor Street West
Suite 902
TORONTO ONTARIO M5S 2V1
CANADA

Karen Lewis
George Washington University
900 23rd St NW
Ste 6206
WASHINGTON DC 20037
UNITED STATES

Diane Liggett
Des Moines University
3200 Grand Avenue
DES MOINES IA 50312
UNITED STATES

Ronald Linka
E C F M G
8501 W Higgins
Suite 600
CHICAGO IL 60631
UNITED STATES

Rebeca Lopez
UCSF Fresno
155 N. Fresno Street
FRESNO CA 93701
UNITED STATES

Lorraine Lyman
E V M S
PO Box 1980
NORFOLK VA 23501
UNITED STATES

Monica Lypson
University Of Michigan - GME
2600 Green Road
Suite 150-B
ANN ARBOR MI 48105
UNITED STATES

Robert MacAulay
University Of California San Diego
SAN DIEGO CA
UNITED STATES

Jonathan Macias
University Of Texas At El Paso
1101 N. Campbell St.
EL PASO TX 79902
UNITED STATES

Julie Mack
University Of Kansas School Of Medicine Neis Clinical Skills Lab
3901 Rainbow Blvd
Ms 1049
KANSAS CITY KS 66160
UNITED STATES

Christine Mallar
Maine Medical Center
355 Brighton Avenue
PORTLAND ME 04102-2314
UNITED STATES

Diane Martin
Grant MacEwan University
9-508M Robbins Health Learning Centre
10700 104 Avenue
EDMONTON ALBERTA T7X 1X2
CANADA

Shelby Marx
University Of North Carolina
1043 Burnett-Womack
Cb 7529
CHAPEL HILL NC 27599
UNITED STATES

Sibylle Matt Robert
University Of Applied Sciences Health Division
Murtenstrasse 10
BERN BERN 3008
SWITZERLAND

Deni Mayer
Pritzker School Of Medicine At The University Of Chicago
924 E 57th St
Bslc 104
CHICAGO IL 60637
UNITED STATES

Valerie McCluskey
E C F M G
8501 W. Higgins
Suite 600
CHICAGO IL 60631
UNITED STATES

Judy McCormick
University Of Western Ontario
Clinical Skills Learning Program
CSB 1703, University Of Western Ontario
LONDON ONTARIO N6A5C1
CANADA

Randa McNamara
Duke University School Of Medicine
Office Of Curriculum, DUMC 3899
DURHAM NC 27707
UNITED STATES

Nancy McNaughton
University Of Toronto
88 College St
TORONTO ONTARIO M5G1L4
CANADA

Mary Mickelson
E C F M G
100 N. Sepulveda
EL SEGUNDO CA 90245
UNITED STATES

Sarah Middlemas
University Of Michigan
3908-B Taubman Health Services Library
1135 Catherine St, SPC 5726
ANN ARBOR MI 48109-5726
UNITED STATES

Marilyn Mihalovich
A S T U
1519 Queens Road
KIRKSVILLE MO 63501
UNITED STATES

Shole Milos
Graham Clinical Performance Center - University Of Illinois Chicago
Dept Of Medical Education M/C 591
808 S. Wood St. CME 986
CHICAGO IL 60612
UNITED STATES

Karen Mitchell
Memorial University Of Newfoundland
300 Prince Philip Drive, H 1381
ST. JOHN'S NL A1A 3G6
CANADA

Don Montrey
N B O M E
101 W Elm Street
Suite 150
CONSHOHOCKEN PA 19428
UNITED STATES

Susan Moore
Indiana University
1111 Middle Dr.
INDIANAPOLIS IN 46202
UNITED STATES

Linda Morrison
SIU School Of Medicine
PO Box 19622
SPRINGFIELD IL 62794-9622
UNITED STATES

Ashley Morrow
GHSU/UGA Medical Partnership
279 Williams St.
ATHENS GA 30602
UNITED STATES

Patricia Mukwato
University Of Zambia Dept. Of Nursing Sciences
PO Box 50110
School Of Medicine
LUSAKA ZAMBIA 50110
ZAMBIA

Paula Mullins-Richards
Memorial University Of Newfoundland
300 Prince Phillip Drive
Health Sciences Centre Room H2743
ST. JOHN'S NL A1B 3V6
CANADA

Patricia Myers-Hill
New York College Of Osteopathic Medicine
PO Box 8000
OLD WESTBURY NY 11568
UNITED STATES

Loes Nauta
American University Of The Caribbean
University Road At Jordan Drive #1
PHILIPSBURG ST. MAARTEN 1234
ST. MAARTEN

Cate Nicholas
Clinical Skills Laboratory FAHC/UVM
237 Rowell
106 Carrigan Dr
BURLINGTON VT 05405-0068
UNITED STATES

Susan Norman
University Of Alabama At Birmingham SOM
VH 338 1530 3rd Ave. S.
BIRMINGHAM AL 35294-0019
UNITED STATES

Peter O'Colmain
Educational Commission For Foreign Medical Graduates
100 N. Sepulveda
13th. Floor
EL SEGUNDO CA 90245
UNITED STATES

Joanne O'Reilly
University Of Toronto
Standardized Patient Progam
88 College St
TORONTO ONTARIO M5G 1L4
CANADA

Liz Ohle
Memorial University Of Newfoundland
300 Prince Philip Drive, H-1380
ST. JOHN'S NL A1C2W4
CANADA

Michae Orfanos
University Of Arkansas For Medical Sciences
400 W. Markham
LITTLE ROCK AR 72205
UNITED STATES

Jennifer Owens
The George Washington University School Of Medicine And Health Science
900 23rd St. NW Room 6211
WASHINGTON DC 20037
UNITED STATES

Amy Page
University Of Michigan Medical School
1135 Catherine Street
ANN ARBOR MI 48109
UNITED STATES

Janice Palaganas
Loma Linda University
45787 Honeysuckle Court
TEMECULA CA 92592
UNITED STATES

Hoonki Park
Hanyang University College Of Medicine
17 Haengdang-Dong Sungdong-Gu
Department Of Family Medicine, Hanyang University Hospital
SEOUL SEOUL 133-792
KOREA

David Patterson
A S T U K Com
800 West Jefferson Street
KIRKSVILLE MO 63501
UNITED STATES

Connie Perren
University Of Texas Medical Branch At Galveston
301 University Blvd.
GALVESTON TX 77555-0420
UNITED STATES

Carol Pfeiffer
University Of Connecticut SOM
Clinical Skills Mc 2824
FARMINGTON CT 06032
UNITED STATES

Faith Phillips
Univ Of Missouri SOM Clinical Sim Ctr
5 Hospital Drive, CS&E Bldg, CE626
COLUMBIA MO 65212
UNITED STATES

Jamie Pitt
Washington University In St. Louis SOM
660 South Euclid
Box 8043
SAINT LOUIS MO 63110
UNITED STATES

Henry Pohl
Albany Medical College
47 New Scotland Ave. Mc-33
ALBANY NY 12208
UNITED STATES

Isle Polonko
New Jersey Medical School UMDNJ
185 South Orange Avenue
HARDWICK NJ 97825
UNITED STATES

Jim Power
University Of Texas Medical School At Houston
6431 Fannin St.
MSB B.120
HOUSTON TX 77030
UNITED STATES

Sandie Pullen
C S E C
1745 Phoenix Blvd.,
Suite 500
ATLANTA GA 30349
UNITED STATES

Rachel Quinto
University Of North Carolina Chapel Hill - SOM
UNC School Of Medicine
G43 Bondurant Hall CB#7530
CHAPEL HILL NC 27599
UNITED STATES

Lisa Rawn
Vanderbilt University Shool Of Medicine
2213 Garland Ave
Mrb Iv 3402
NASHVILLE TN 37232-0432
UNITED STATES

Gail Rea
Goldfarb School Of Nursing At Barnes-Jewish College
4483 Duncan Ave
Office 507
ST. LOUIS MO 63110
UNITED STATES

Mimi Reddy
University Of Louisville
500 South Preston Street
Instructional Building Room 306
LOUISVILLE KY 40202
UNITED STATES

Danielle Renaud
University Of Ottawa
Ottawa Exam Centre, Faculty Of Medicine
2044-451 Smyth Road
OTTAWA ONTARIO K1H 8M5
CANADA

John Repasch
CSEC Philadelphia
3624 Market St.
PHILA PA 19104
UNITED STATES

Jan-Joost Rethans
Maastricht University
PO Box 616
MAASTRICHT 6225NB
NETHERLANDS

Karen Reynolds
Southern Illinois University School Of Medicine
PO Box 19622
SPRINGFIELD IL 62794-9622
UNITED STATES

Anita Richards
University Of California San Diego
9500 Gilman Drive, MC 0710
LA JOLLA CA 92093
UNITED STATES

Pamela Rock
University Of Alberta
300 Campus Tower, 8625-112 Street
EDMONTON ALBERTA T6G 1K8
CANADA

Laurie Rockelli
Salisbury University
SALISBURY MD
UNITED STATES

Stan Rogal
University of Toronto
21 Southview Ave
TORONTO ON M6H 1T3
CANADA

Mary Rubino
Eastern Virginia Medical School
Department Of Family And Community Medicine
825 Fairfax Ave.
NORFOLK VA 23507
UNITED STATES

Marilyn Rudge
University Of Manitoba
7-578 Corydon Ave
WINNIPEG MANITOBA R3L 0P2
CANADA

Kathy Runte
Midwestern University
19555 N. 59th Avenue
GLENDALE AZ 85308
UNITED STATES

Meredith Sacks
Ross University
P.O. Box 266
ROSEAU DOMINICA 99999
DOMINICA

Sue Sadauskas
University Of Kansas Neis Skills Lab
3901 Rainbow Blvd.
Ms 1049
KANSAS CITY KS 66160
UNITED STATES

Norma Sartori
Centro Studi E Ricerca In Medicina Generale
Piazza 4 Novembre, 26
LISIGNAGO (TN) ITALY 38030
ITALY

Kathryn Schaivone
University Of Maryland
655 W. Lombard Street
BALTIMORE MD 21201
UNITED STATES

Claudia Schlegel
Berner Bildungszentrum Pflege
Reichenbachstrasse
BERN BERN 3004
SWITZERLAND

Dawn Schocken
University Of South Florida College Of Medicine
Center For Advanced Clinical Learning
12901 Bruce B Downs Blvd, MDC Box 97
TAMPA FL 33612
UNITED STATES

Debbe Schuster
Salt Lake Community College
3491 West Wights Fort Road
Jhs 103b
WEST JORDAN UT 84088
UNITED STATES

Colette Scott
National Board Of Medical Examiners
3750 Market Street
PHILADELPHIA PA 19104
UNITED STATES

Brenda Seago
Center For Human Simulation And Patient Safety
1300 East Marshall Street
North Hospital, 2nd Fl, Room 200
RICHMOND VA 23298
UNITED STATES

Lisa Seldomridge
West Virginia School Of Osteopathic Medicine
400 North Lee Street
LEWISBURG WV 24901
UNITED STATES

Gina Shannon
Emory University School Of Medicine
1648 Pierce Drive NE
Room 314
ATLANTA GA 30322
UNITED STATES

Dayle Sharp
University Of Texas At El Paso
1101 North Campbell
EL PASO TX 79902
UNITED STATES

John Shatzer
Vanderbilt
2213 Garland Avenue
3402 Mrb Iv
NASHVILLE TN 37232
UNITED STATES

Pam Shaw
University Of Kansas School Of Medicine
3901 Rainbow Blvd.
Ms 1049
KANSAS CITY KS 66160
UNITED STATES

Veronica Shaw
Morehouse School Of Medicine
720 Westview Drive
NCPC Room 100
ATLANTA GA 30310
UNITED STATES

Kit Shelby
Tulane University School Of Medicine
1430 Tulane Avenue
SI-93
NEW ORLEANS LA 70112
UNITED STATES

Debbie Sikes
The University Of Texas At El Paso
1101 N. Campbell
EL PASO TX 79902
UNITED STATES

Justin Sims
C S E C
1745 Phoenix Blvd.,
Suite 500
ATLANTA GA 30349
UNITED STATES

Nancy Sinclair
University Of New Mexico
1 University Of New Mexico
Msc09 5090
ALBUQUERQUE NM 87131
UNITED STATES

Laura Skaug
Vanderbilt University School Of Medicine
2213 Garland Ave
Mrb Iv 3402
NASHVILLE TN 37232-0432
UNITED STATES

Kris Slawinski
Pritzker School Of Medicine University Of Chicago
924 E. 57th Street, BSLC 104
CHICAGO IL 60637
UNITED STATES

Amy Smith
Joan C. Edwards School Of Medicine At Marshall University
Office Of Medical Education
1249 15th Street, Suite 1015
HUNTINGTON WV 25701
UNITED STATES

Cathy Smith
University Of Toronto
78 Badgerow Ave
TORONTO ONTARIO M4M1V4
CANADA

Mary Kay Smith
Michigan State University
A601 East Fee Hall
EAST LANSING MI 48824
UNITED STATES

Terry Sommer
Mount Sinai School Of Medicine
One Gustave L Levy Pl
Box 1127
NEW YORK NY 10029
UNITED STATES

Denise Souder
Keck School Of Medicine
1975 Zonal Ave.
Kam B-31
LOS ANGELES CA 90089-9024
UNITED STATES

Carol Spamer
University of Arizona College Of Medicine
Clinical & Professional Skills
1501 N. Campbell Ave., PO Box 245113
TUCSON AZ 85724
UNITED STATES

Rhonda Sparks
Clinical Skills Education & Testing Center
940 NE 13th Street
6200 Garrison Tower
OKLAHOMA CITY OK 73104
UNITED STATES

Jacqueline Spiegel
Midwestern University
19555 N. 59th Avenue
GLENDALE AZ 85308
UNITED STATES

Janet Stawniak
Creighton University, Clinical Assessment Center
601 N. 30th, Suite 5607
5th Floor
OMAHA NE 68131
UNITED STATES

Ancuta Stefan
Georgia Health Sciences University
1120 Fifteenth Street
Cj 3229
AUGUSTA GA 30912
UNITED STATES

Cecily Storm
University of Texas Medical Branch
3.312D Marvin Graves, 301 University Blvd
GALVESTON TX 77555-0420
UNITED STATES

David Strom
E C F M G
400 N. Sam Houston Parkway E.
Suite 700
HOUSTON TX 77060
UNITED STATES

Jennie Struijk
University Of Washington
Box 357175
SEATTLE WA 98195
UNITED STATES

Janelle Studney
UND School Of Medicine & Health Sciences
501 N. Columbia Rd, Stop 9037
GRAND FORKS ND 58201
UNITED STATES

Daniel Summers
STEPS-- WVU School Of Medicine
PO Box 9101
MORGANTOWN WV 26506
UNITED STATES

Karen Szauter
University Of Texas Medical Branch
301 University Blvd
GALVESTON TX 77555-0420
UNITED STATES

Tonya Thompson
UAMS/Arkansas Children's Hospital
#1 Children's Way
LITTLE ROCK AR 72202
UNITED STATES

Kelly Tomaszewski
Grand Valley State University
301 Michigan St. NE
GRAND RAPIDS MI 49503
UNITED STATES

Carol Trent
Thomas Jefferson University
1001 Locust St.
Suite 309B
PHILADELPHIA PA 19107
UNITED STATES

Janet Trentmann
Des Moines University
3200 Grand Ave
DES MOINES IA 50312
UNITED STATES

Deborah Turner
Southwest College Of Naturopathic Medicine
2140 E. Broadway Road
TEMPE AZ 85282
UNITED STATES

Jacqueline Turner
Memorial University Of NL
300 Prince Philip Drive
H-1380
ST. JOHN'S NL A1C 2T4
CANADA

Fabrizio Valcanover
Centro Studi E Ricerca In Medicina Generale
Via S. Martino 11
TRENTO ITALY 38122
ITALY

Romy Vargas
Tulane University School Of Medicine
1430 Tulane Ave.
SL-93
NEW ORLEANS LA 70112-2699
UNITED STATES

Maria Velazquez
University Of Florida College Of Medicine
1600 SW Archer Rd. - Room CG-72
P O Box 100281
GAINESVILLE FL 32610
UNITED STATES

Vikki Waddell
University Of Ottawa
2044-451 Smyth Road
OTTAWA ONTARIO K1H 8M5
CANADA

Dianne Walker
Florida State University College Of Medicine
1115 West Call Street
TALLAHASSEE FL 32306
UNITED STATES

Patrick Walker
E V M S
PO Box 1980
NORFOLK VA 23501
UNITED STATES

Amelia Wallace
E V M S
PO Box 1980
NORFOLK VA 23501
UNITED STATES

Kendall Wallace
University Of Kansas School Of Medicine Neis Clinical Skills Lab
3901 Rainbow Blvd.
Ms 1049
KANSAS CITY KS 66160
UNITED STATES

Michelle Wallace
Clinical Skills Education & Testing Center
940 NE 13th Street
6200 Garrison Tower
OKLAHOMA CITY OK 73104
UNITED STATES

Peggy Wallace
University Of California San Diego
4697 Edison St
SAN DIEGO CA 92117
UNITED STATES

Lin Wang
University of Toronto
88 College St.
TORONTO ONTARIO M1T1G5
CANADA

Robin Watts
University Of New England
11 Hills Beach Road
BIDDEFORD ME 04005
UNITED STATES

Debra Webster
Salisbury University
3720 Linkwood Drive
LINKWOOD MD 21835
UNITED STATES

Tim Webster
University Of Manitoba
Office B, CLSF
Level 000, Brodie Centre, 727 McDermot Avenue
WINNIPEG MB R3E 3P5
CANADA

Kerri Weir-McElroy
SPP University Of Toronto
97 Marjory Av.
TORONTO ONTARIO M4M 2Y5
CANADA

Jeffrey Weiss
Texas Chiropractic College
5912 Spencer Highway
PASADENA TX 77505
UNITED STATES

Kat Wentworth
Project Prepare
2435 Inyo Ave
OAKLAND CA 94601
UNITED STATES

Malvin Whang
SimCenter Design
2430 5th Street
Studio M
BERKELEY CA 94710
UNITED STATES

Darlene Whetsel
Vanderbilt University School Of Medicine
2213 Garland Ave
Mrb Iv 3402
NASHVILLE TN 37232-0432
UNITED STATES

Jane Wickey
North Shore-LIJ Health System
Center For Learning & Innovation
1979 Marcus Avenue, Suite 101
LAKE SUCCESS NY 11042
UNITED STATES

Susan Wilhelm
Clinical Tools, Inc.
1506 E. Franklin Street
CHAPEL HILL NC 27514
UNITED STATES

Kathryn Wilkinson
University Of Toronto
88 College Street
TORONTO ON M6R1K5
CANADA

Dorian Williams
WVU Family Medicine
PO 9152
99 Chardonnay Dr.
MORGANTOWN WV 26506
UNITED STATES

Elizabeth Williams
University Of Arizona
550 E Van Buren St
PHOENIX AZ 85004
UNITED STATES

Sandra Witherbee
Dalhousie University
5599 Fenwick St.
HALIFAX NOVA SCOTIA B3H 1R2
CANADA

Anne Woll
University Of Minnesota
516 Delaware St, MMC 261
MINNEAPOLIS MN 55455
UNITED STATES

Christopher Woodyard
Charlotte School Of Law
2145 Suttle Ave
CHARLOTTE NC 28208
UNITED STATES

Donald Woodyard
University Of North Carolina
1043 Burnett-Womack
Cb 7529
CHAPEL HILL NC 27599
UNITED STATES

Alba Woolard
E V M S
PO Box 1980
NORFOLK VA 23501
UNITED STATES

Kimberly Workman
Clinical Tools, Inc.
1506 East Franklin Street, Suite 200
CHAPEL HILL NC 27514
UNITED STATES

Rebecca Wright
Wake Forest School Of Medicine
Department Of Medical Education
Medical Center Blvd., E-Floor, Hanes Bldg.
WINSTON SALEM NC 27157
UNITED STATES

Kimberly Yandell
Scott & White
2401 S 31st St
TEMPLE TX 76508
UNITED STATES

MacLean Zehler
National University Of Health Sciences
200 E. Roosevelt Rd
LOMBARD IL 60148
UNITED STATES